EVALUATION OF 'CALON ELLI' CARE IN THE HOME PROGRAMME

Final Report

for British Red Cross, Carmarthenshire

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Welsh Institute for Health and Social Care · University of Glamorgan

Final Version · August 2011

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SCOPE OF REPORT

This report is an account of the views and experiences of commissioners, partners, stakeholders, managers, staff, volunteers and beneficiaries of the British Red Cross 'Supporting Independence in the Home' programme in Carmarthenshire. It is based on our analysis of data from interviews, discussion and focus groups and other sources that took place between June 2010 and April 2011.

Thanks are due to Jeff Collins (Director Wales) and Susan Roberts (Senior Services Manager, South West Wales) of the British Red Cross (BRC) for commissioning this study and providing direction at the outset. As with any such research project, this study was only possible thanks to the contributions of the participants. Their willing engagement with the study, openness and honesty is gratefully acknowledged. Especially noteworthy in this aspect was Mark Roberts and his team in Carmarthenshire, and the service beneficiaries who contributed their views.

The report uses thematic analysis to comprehend the different sources of data presented during the course of the evaluation. Conclusions are based on our understanding of the evidence presented to us by the respondents and any errors of interpretation are solely due to the authors. We trust that this independent analysis will help the BRC in Carmarthenshire with its ongoing work programme.

Dr Mark Llewellyn
Professor Marcus Longley
Marina Roberts
WIHSC · July 2011

1 · INTRODUCTION, CONTEXT AND METHODOLOGY

1.1 INTRODUCTION

The Welsh Institute for Health and Social Care (WIHSC), University of Glamorgan was commissioned to undertake an evaluation of British Red Cross (BRC) Carmarthenshire's 'Supporting Independence in the Home' programme to ascertain the impact that the scheme has had.

1.2 CONTEXT

The programme in Carmarthenshire is made up of different services which include a supported discharge scheme, tenancy support workers, a home from hospital scheme, and continuing care for those people at end of life. The following sections provide the context for the evaluation in charting the timeline of service development in Carmarthenshire.

1.2.1 Commissioning history – South West Wales

The BRC first began to tender actively for a range of care in the home contracts across West Wales in 2002 starting with the first successful BRC Care and Social Services Inspectorate for Wales (CSSIW) registered 'Home from Hospital' scheme providing support for the residents over 55 living within the boundaries of Neath Port Talbot County Borough Council. This was followed by a very substantial Supporting People contract awarded by the City and County of Swansea in 2003, delivering emotional and practical floating support to older people in the city. During 2003/04 the society undertook to deliver these new contracts in a flexible and responsive way, building up excellent working relationships with the respective commissioners and only when they were well established and delivering both the quality and outcomes agreed did the local management seek to extend its portfolio of similar contracts.

These initial successes gave the society the opportunity to showcase the range and quality of its offer to other neighbouring statutory authorities. Early in 2004 a series of meetings were arranged with key members from both health and the local authority in Carmarthenshire and this led to a number of principal officers visiting both the Neath Port Talbot and Swansea schemes. As a result Carmarthenshire County Council, Social Care and Housing Department contracted with the society in October 2004 to provide a pilot CSSIW registered Home from Hospital scheme for those patients being discharged from the Prince Philip Hospital, Llanelli. This scheme demonstrated its value very early on in terms of providing a highly regarded, cost effective and safe system to facilitate early discharge for those patients 55 and over.

Within twelve months of this pilot, commissioners had sufficient confidence in the ability of the BRC to deliver the service county wide that a three-year contract for hospital discharge in Carmarthenshire was awarded in April 2007 and that contract has been regularly reviewed and the contract extended. The developing relationship between the statutory sector and the BRC led to an invitation to tender for a pilot Acute Response Service working with the Community Acute Response Team and four GP Practices in Carmarthen. The service was to be provided to vulnerable adult patients who needed a period of support during the day in their own homes, whilst undergoing nursing intervention which would otherwise require the patient to receive the treatment within an acute hospital environment.

The BRC were successful in demonstrating their ability to respond to this new initiative and were again awarded a six month contract from November 2006 to provide health care support workers who

would make multi daily visits as required to those patients assessed as being suitable for the service. Following the initial pilot, the service was expanded to encompass larger parts of the county and during the course of the delivery of the service it became apparent that the majority of patients referred to BRC were for palliative care. The Health Board were committed to increasing the number of patients dying at home from 21.6% in 2006/07 to the national average of 29% by 2009/10. Additionally the Health Board were anxious to explore alternatives with the third sector to provide multi visits traditionally provided by the independent sector.

As a result a new service was developed, building a partnership between the Continuing Care Team, Marie Curie and the BRC to provide multi visits to patients, an improved evening service and increased planned overnight service. The service commenced in May 2009, part funded by WAG and the development of this innovative partnership working has led to unexpected opportunities to plan and implement the National Framework for Palliative Care (May 2010) more robustly with better patient outcomes. In addition the county has increased the number of patients able to die at home to 29.8%.

1.2.2 Supported Discharge Scheme

The success of the pilot scheme in Swansea for those with complex needs requiring to be discharged from hospital led to considerable interest being shown by the statutory partners in Carmarthenshire. The BRC management team locally were successful in obtaining external money to pilot a scheme in the county and as a consequence of the effective delivery of this pilot were able to negotiate a Service Level Agreement for the service that started in September 2008.

1.2.3 Supporting People

In addition to the service growth within the health environment the society also set about establishing opportunities for the development of floating support for the older person in Carmarthenshire. The success achieved with the delivery of the Swansea floating support contract led to the start of detailed discussions with the Supporting People Team. A new scheme was launched in April 2007 for the Tywi Valley, Llandovery and Llandeilo, to support people who have been discharged from hospital to enable them to continue living at home. During the course of this pilot it was evidenced that the need was not associated specifically from those recently discharged from hospital but by the wider older population who were vulnerable and isolated whilst trying to live independently in their own homes. The Carmarthenshire Joint Commissioning Strategy for Older People identified that the county:

- Had a higher average proportion of older people compared with the Welsh and UK average;
- 2001 census showed 33,000 people over 65 making up 19% of the population;
- The next 10 years it was predicted would see the population over 65 grow by 23%;
- Over the same period the growth in people needing greater levels of support was predicted to be 32%;
- 84% of the spending on community support services was on direct service provision provided by the Local Authority; and
- There was a commitment to support and develop a sustainable voluntary sector based on a more flexible and localised service with particular emphasis on low level preventative support linked to the healthy ageing action plan.

The Carmarthenshire Supporting People Strategy indicated that there were in 345 units of floating support in the county and it had been identified that 1,657 more people potentially required this type

of support of which 29% were older people. It was established that a floating support scheme for the older person was required.

Through the Tywi Pilot, the BRC were able to demonstrate that they had the skills, flexibility of response and a proven track record to respond to the emerging opportunities to develop floating support for the older person with in the county. In early 2008 the Carmarthenshire Local Authority Sheltered Scheme Officers (SSO) Task and Finish Group agreed that the Supporting People Team would undertake an assessment on an individual basis. A new pilot scheme covering Ammanford, Llandovery and Llandeilo was started in 2009 and this work undertaken by the BRC prepared the way for It was agreed that the Supporting people Team would undertake an assessment on an individual basis of the need for the SSO and Careline services that was being provided in the dispersed Council sheltered housing stock.

The Supporting People Team and Housing Services developed a questionnaire that asked tenants in the dispersed stock about their need for the SSO service and Careline and if they currently received a service, and what they thought of it. This along with an indication of the condition of the property created a definitive supply map. The results of the survey of 1,778 tenants who replied indicated that they needed both the SSO and Careline services, 37.57% of the sample.

As a result of the findings, a Transition Service was established bringing together Supporting People, the Housing Services Sheltered Division and the British Red Cross to provide housing related support to those persons over 55 in the Amman Area (Ammanford, Llandovery and Llandeilo). The BRC were approached to be a partner for the purpose of the pilot as they had an existing floating support scheme in the county which provides housing related support to those older people. The pilot was aimed at ensuring that vulnerable elderly people across all tenures had appropriate assistance to manage their homes successfully and receive levels of support appropriate to their needs. The level of support provided was intended to reduce over time and eventually cease as the client regains their confidence and ability to be independent.

The modernisation of services for the older person living in their own home continues in the county and the BRC has become a trusted partner in achieving the desired outcomes.

1.2.4 Care in the Home – central Tesco funding opportunity

A key component in the implementation of the strategy for the BRC's work in the UK to 2011 was the establishment of up to eight 'care in the home' pilots. The aim of these pilots, within the health and social care programme stream, was to test and inform the development of the core elements of a model that would move care in the home to meet the needs of those who are most vulnerable in a health/social care crisis. The approved pilot sites would be funded for a maximum of three years from the Tesco partnership central fund established as part of the extremely successful fund raising activities associated with the society being the Tesco Charity of the Year in 2007. The expectation was that the programmes would be mainstreamed in the longer term by gaining funding commitment from statutory authorities. The invitation to apply for the second round commenced on the 31st August 2008 with the decision being made in November 2008 and a start date for implementation in February 2009. Those applying would need to evidence their relationship with and the interest of potential commissioners at the time of application.

Those applying to run a care in the home pilot programme needed to demonstrate that the proposed new programme would be truly innovative or if wishing to develop an existing programme, that it would work in a very different way. The criteria for selection were that services were:

- person centred, innovative, flexible and using a wider range of BRC capabilities than traditional, in responding to individual needs – for example delivery after 5.00pm, at weekends, overnight, and providing a rapid response;
- relevant to its local context through robust evidence of the crisis and vulnerability need it was addressing;
- delivering established outcomes that fit with the health and social care programme outcomes;
- addressing diversity in users, staff and volunteers, including the involvement of young people;
- quality assured with standards, competencies, monitoring and evaluation processes;
- utilising mechanisms to involve service users and demonstrating how their involvement has influenced service design and delivery;
- measuring impact, as well as caseload numbers, in order to demonstrate how the outcomes are achieved;
- able to demonstrate plans and mechanisms to share learning at local and national level;
- relevant to health and/or social care commissioners; and
- provided a rigorous evaluation of the pilot and sharing across the society.

The BRC management team covering south west Wales were immediately interested in making an application for this central funding and felt well placed to demonstrate that they could fully comply with the selection criteria. The chosen location for the application was Llanelli and District, the largest town in Carmarthenshire having a population of two thirds of the county as a whole, 178,043.

The bid was entitled the 'Calon Elli Care in the Home Programme', was centred on Llanelli and the surrounding rural area, and incorporated existing and well-established work adapted to respond fully to the principles of 'programme working' and the measurement of outcomes. The proposed new elements of activity together with the adapted existing ones would greatly increase the ability of the society to respond to the local vulnerable population who had well documented high levels of limiting long term illness, health inequalities and experiencing levels of deprivation higher than the national average. This situation was further exacerbated at a time of economic downturn and predicted recession in a town already suffering severely from the post industrial decline. Evidence of need had been extrapolated from the 2001 Census, the Carmarthenshire Joint Commissioning Strategy for Health and Social Care and from learning as a result of the excellent existing partnership working within the county.

The opportunity for the BRC locally to respond in an innovative programme and outcomes measured way had its origins in the very successful Integrated Commissioning Team, Local Authority/Local Health Board arrangements in operation since 2005. Whilst the BRC had been successful in securing a number of contracts (as above) to deliver person centred health and social care services in many parts of the county but these services had not been universally available leading to inequalities for those accessing appropriate services when in crisis. The Calon Elli Programme allowed all these initiatives to be delivered in a flexible and responsive way within the Llanelli catchment area that has two thirds of the county's population living within its boundaries. At the time of application, in Llanelli the BRC was providing a:

- fully commissioned Home from Hospital scheme that was CSSIW registered, with both personal care and medication elements;
- older person befriending service;

- specialised hospital Supported Discharge Scheme for those with complex, high intensity support needs including substance misuse and homelessness; and
- static and mobile medical loan including a Practical Aids to Living Service.

The proposal was that these existing services would adapt over a two-year timescale and incorporate into the programme the following features and new activities:

- Extension to Llanelli of the existing Acute Response Intermediate Care Service currently operating in Carmarthen Town and receiving referrals direct from General Practitioners. The emphasis would be on the provision of palliative and continuing care support in partnership with Marie Curie and the Health Board Continuing Care Team;
- Floating Tenancy Support, practical and emotional, for those who are 50+ and are wishing to remain living independently in their own home together with appropriate advocacy;
- Development of the Red Cross whole school approach including humanitarian action and intergenerational practice based on the Assembly's newly published strategy;
- Employee volunteering building on our successful Tesco pilot by working in partnership with a locally based leisure company who are committed to providing volunteering opportunities for their staff as part of their social responsibility in the community;
- Continue the roll out of the Outcome Star system across the proposed new programme providing feedback to the national BRC Outcomes Working Group via the membership of two of local management team;
- Exploration of the benefits and implications of a generic working model for both volunteers and staff including recognition, qualifications and where needed pathways to employment;
- The provision of a step up step down approach to enabling and supporting our beneficiaries;
- Development at the request of the LHB preparation for a single contract for the existing commissioned elements of the programme and develop an ability to respond to their needs for spot purchasing as necessary;
- Development, in consultation with our statutory partners, of a common assessment tool, improved data capture and interrogation systems;
- Establishment of a single point of referral for all those wishing to refer and access the programme;
- Full user engagement using the previously piloted Join In Framework funded by WAG;
- Increased emergency response capacity and offer to the local authority through all staff and volunteers being trained in the ER competencies and the running of rest centres;
- CBFA response to carers and other vulnerable individuals identified through the programme who would build up resilience by receiving bespoke and targeted learning; and
- Closer working with the local Safer Communities Partnership.

It is this 'Calon Elli' programme that is the subject of this evaluation report.

1.3 METHODOLOGY

WIHSC took a qualitative approach to the evaluation in order to ensure that a deep understanding of the themes and issues arising was reached. Before commencing the study, the methodology was subjected to research governance and ethical scrutiny by the National Research Ethics Service and

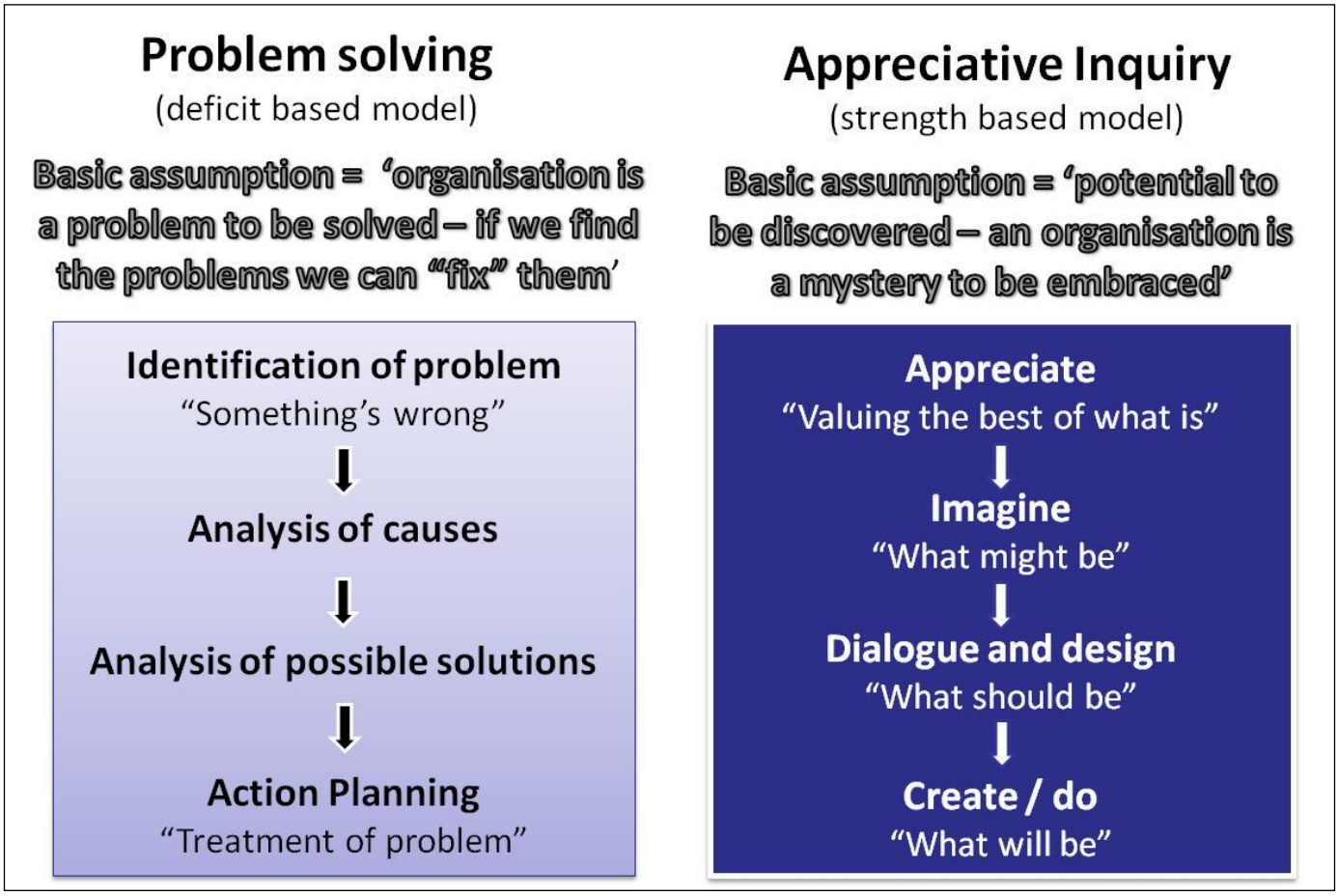
University of Glamorgan Faculty Ethics Committee. Approval was granted from both bodies to collect data from commissioners, partners, stakeholder, staff, volunteers and beneficiaries including those in receipt of the continuing care services.

It is important to see this report in context. The document provides an account of a number of perspectives on the programme, gathered from of a range of participants between June 2010 and April 2011. Events have moved on since, and to a certain degree the accounts presented in the next chapters have been surpassed by things that have happened over the last few months. As such this report should be understood as a snapshot of an evolving and maturing programme.

1.3.1 Approach

After discussions with local managers it was determined that the research team should utilise an 'Appreciative Inquiry' (AI) approach, in combination with other methods. AI[1] (see Figure 1 below) seeks out what is right in an organisation.

Figure 1 · AI versus other approaches



AI focuses on what the organisation is doing well and allows a discussion about a future that builds on and expands what is currently working. The aim of AI is to generate new knowledge which helps members of an organisation envisage a collectively desired future and to carry that into practice, which

[1] For more information on Appreciative Inquiry see: Cooperrider DL, Whitney D, and Stavros JM (2008) *Appreciative Inquiry Handbook: For Leaders of Change* Berrett-Koehler (2nd edition); Cooperrider DL and Whitney D (2005) *Appreciative Inquiry: A Positive Revolution in Change* Berrett-Koehler ; Hammond SA (1998) *Thin Book of Appreciative Inquiry* Thin Book Publishing Company (2nd edition)

was deemed an appropriate approach for this evaluation. This appraoch was combined later in the course of the study with more formal evaluation processes. Thus for research with commissioners, for example, a semi-structured qualitiative interview schedule was used. This 'hybrid' approach allowed for the best of both methodologies to feature during the project.

1.3.2 Respondents

The following paragraphs describe the different approaches undertaken to engage the four main groups of respondents in the study:

Commissioners, partners and other stakeholders

It was important to gain a clear insight into the interface between BRC and a range of other organisations and individuals. This part of the study was designed to establish how far BRC have made an effective 'strategic fit' between themselves and commissioners, and what aspects of their partnership working might be replicable in other places. These issues were discussed during interviews – typically undertaken over the telephone – with 14 key individuals. A list of organisations and individual respondents is provided in Appendix I.

Managers

Before engaging staff and volunteers, a discussion group and individual interviews with the five local operational managers were held in June 2010. Quotations from these operational managers are integrated into Chapter 3. In addition to this, an interview with the three senior managers – Jeff Collins, Susan Roberts and Mark Roberts – was held at the end of the study in June 2011, in order to triangulate the findings with their perspectives. An account of this discussion is provided in Chapter 5 by way of conclusion to the study.

Staff and volunteers

In order to engage the broadest number of staff and volunteers possible, three focus groups were held in Llanelli in September 2010. The 25 staff and volunteers who attended were drawn from all four parts of the programme in mixed groups. The focus groups were narrative in structure and participants were encouraged to reflect on their experiences, and the impact that BRC staff and volunteers had for beneficiaries. Appendix II reproduces the discussion schedule for the meeting.

Beneficiaries

Beneficiaries from the home from hospital, supported discharge and tenancy support services were initially identified and approached by BRC managers to see whether they would be prepared to take part in the evaluation. Once these individuals had responded, three principal methods were designed to capture their views.

Firstly, a focus group was held in Llanelli with twelve beneficiaries drawn from across the programme in September 2010. As with the staff and volunteers, the focus group was narrative in structure and participants were encouraged to reflect on their experiences, and the impact that BRC staff and volunteers had made to their lives. Appendix III reproduces the discussion schedule for the meeting. Secondly, sixteen beneficiaries participated in telephone interviews to share their experiences about the service they'd received. Appendix IV reproduces the indicative questions for the interviews, and these were held between December 2010 and February 2011. Thirdly, in order to safeguard those vulnerable people in receipt of the continuing care services, the research team did not undertaken any face-to-face research but anonymously received and analysed data on service satisfaction which is routinely gathered as part of BRC review meetings.

In addition to the 'words', the researchers employed graphical facilitation as part of the focus group discussions with staff/volunteers (see Appendices Va-c) and beneficiaries (Appendix VI). These captured the 'storyboard' that was produced on the basis of what the participants said. The images should be read in conjunction with the narrative that follows.

1.3.3 Analysis

A thematic strategy was employed to analyse the data. Answers were coded equally on the basis of what they contained; none of the responses were weighted as more significant than any others and so all views are comparable in terms of their importance. Hereafter we review the sentiments and judgements of the evaluation respondents according to their comments. Verbatim quotations (*in italics*) are used to capture recurrent, or otherwise resonant, points of view. WIHSC does not necessarily endorse the opinions in question – quotations are only used to portray viewpoints accurately and clearly.

The report is obviously not a verbatim transcript but an exploration of the themes and issues raised by respondents through the consultation process. So whilst encapsulating the main themes and highlighting the key points, the document seeks to be faithful to what was said by study participants. To that end and in order to vividly hear the voices of respondents, the report deliberately includes a large number of quotations with relatively little by the way of comment or interpretation.

1.3.4 Report structure

The structure of the following sections mirrors that of the methodological approach and principal cohorts as described above. There are therefore three substantive chapters, each of which reports evidence from different types of respondents. The report ends with a series of conclusions and areas for further consideration in the light of the evidence presented.

2 · RESEARCH FINDINGS – STRATEGY AND COMMISSIONERS

This chapter reports the perspectives of commissioners and other local stakeholders in Carmarthenshire. Fourteen individuals were interviewed, some on two occasions, in two rounds of interviews (June and August 2010, and March and April 2011). The focus of the interviews was their perception of the service provided by BRC, its local strategic fit, what they most and least valued about its offer and what were the key issues affecting the future of relationships locally between commissioners, other stakeholders, and the BRC.

2.1 STRATEGIC CONTEXT

For more than a decade, there has been a general acceptance in Wales amongst policy makers and senior managers that the current model of healthcare, with its over-reliance on hospital care and its limited ability to help people maintain their health and independence, is unsustainable[2]. The need to develop services 'upstream' and in the community is a commonplace in government policy[3]. But the ability to effect such an historic re-balancing has been very limited, progress has been too slow, and now financial austerity has injected a degree of urgency into service re-design.

The latest policy directives for NHS Wales reflect this new urgency to deliver substantial change, to protect and improve health for all, and to create integrated services, while modernising what the NHS does[4]. In this way, the aim is to create a sustainable pattern of service delivery, a key element of which will be a new model of care in the community[5] which will deliver those objectives originally set out by the Wanless Review, in particular the reduction in unnecessary hospitalisation by reducing admissions and hastening discharge. In parallel, a recent policy statement for Social Services in Wales[6] emphasises the need to create a more coherent provision of services across Wales, with a stronger client voice and a more empowered workforce.

In Carmarthenshire, in particular, there is a strong strategic imperative from the Health Board to make rapid and substantial progress, and to do so in a way which enhances the resilience of local communities, and their ability to maintain the health and independence of their members. Both of these developments are seen as being crucially dependent on building partnerships with the third sector: *'Our LHB CEO is very passionate that communities are very resilient and built from the bottom up. Our direction of travel is that we will engage in more and more commissioning from the third sector' (Commissioner)*. The strategic context is therefore broadly aligned with BRC's own vision of its future role in health and social care. However, there is a general concern amongst commissioners and stakeholders that progress will be difficult, for three main reasons:

- Financial constraint, making 'pump-priming' and 'double-running' of services almost impossible;
- Capacity of the third sector; and

[2] Wanless, D (2003) *The Review of Health and Social Care in Wales* Cardiff: WAG

[3] Welsh Assembly Government (2005) *Designed for Life: Creating world class health and social care for Wales in the 21st century* Cardiff: WAG

[4] Welsh Assembly Government (2011) *NHS Wales Annual Quality Framework 2011/2012* Cardiff: WAG

[5] Welsh Assembly Government (2010) *Setting the Direction. Primary and Community Services Strategic Delivery Programme* Cardiff: WAG

[6] Welsh Assembly Government (2011) *Sustainable Social Services for Wales: A Framework for Action* Cardiff: WAG

- Unfamiliarity with the 3rd sector and caution, particularly amongst middle and front line NHS and other statutory sector staff.

Interestingly, quality assurance, value for money, and client resistance are not seen as barriers.

2.2 STRENGTHS OF THE BRC OFFER

2.2.1 Intrinsic strengths of the BRC

All interviewees agreed that the BRC had a strong 'brand', based on its perceived values and track record operating similar services:

'The fact that the BRC has a different set of values and are more altruistic than others, as well as having significant kudos and reputation meant that we had an instant bond with them rather than other providers. The fact that BRC had a track record in delivering similar services within social care was a significant advantage' (Commissioner)

The values are perceived as permeating the whole of the BRC team: *'What's really good for the vulnerable people of the county is that the support workers have their logo and identity stuff that the public trust. There's a buzz... it's about who you recruit... the right people. I know the staff and they've all got the same values' (Commissioner)*. The BRC was often able to offer clients a service which addressed all of their needs, not just a pre-determined sub-set:

'They have been very good... in not just understanding the person but seeing them in a broader context. They have been very good at following things up and seeing the wider context of housing related support...Working with the Red Cross has meant that we can offer a lot more depth. For example, a number of our visits were focused on testing equipment and supporting the tenancy rather than the tenant. This is now very different' (Commissioner)

Interviewees identified a qualitative difference in the relation between BRC and client, compared with Housing Department staff and clients: *'...the customers are very happy with the service... The interesting thing is because this is not a council service [the relationship] may be more positive – sharing information with a BRC officer is seen in very different terms from sharing information with a council officer and their role' (Commissioner)*

Another important factor for commissioners was value for money in the service provided, and BRC was perceived as sharing in the third sector's inherent strength in this regard: *'The money is a driver and we understand that the third sector can do more for less than we can' (Commissioner)*. There was little specific mention by commissioners about the role of volunteers in the provision of the BRC service. In general, the balance between paid and unpaid staff was of less concern than the quality of the service provided. But some commissioners were appreciative of the contribution to general community resilience which organised voluntary work provided:

'Volunteers are a very important part in our older people's service. We need to put the main resources to those people in greatest need but not to feel that we are abandoning elderly people to be isolated or not have any friends. The volunteering part is important definitely' (Commissioner)

2.2.2 Specific strengths of the BRC in Carmarthenshire

Strategic contribution

The over-riding issue for commissioners was the quality of the service provided to clients, using whatever measures of outcome (or proxies) that were available to them. But beyond this they also

regarded highly the contribution of the local BRC team to the general strategic endeavour to develop good service models, and to build capacity across the sector – in other words, to be a partner with the commissioners in a difficult strategic endeavour:

'They see the big picture and understand what's going on locally and are aligning themselves with that' (Commissioner)

'They've become involved in the third sector co-design exercise we've been running... They've been present in conversations and events and have tabled papers providing solutions... Other big organisations have not been as good as this and BRC have been the leading light' (Commissioner)

'Elsewhere I've worked I haven't seen the BRC build up a relationship with local commissioners and scan the market and seize opportunities, as well as having the back-up resilience and emergency functions they perform' (Commissioner)

This was also linked with the ability of the BRC sometimes to pool their own resources with those of the commissioners, when new models were being explored and tested:

'...on occasions [they have] brought their own money to the table and don't just hold out the begging bowl when it comes to how you innovate and spend resources' (Commissioner)

'it was useful when I had to take the report to the [team], someone remarked "well they have put their money on the table", as if that gave them the excuse to say, yes, go ahead' (Commissioner)

Such cooperation requires good levels of trust, particularly where third sector organisations are developing services 'at risk' that they may not subsequently be commissioned to provide them: *'BRC were willing to put time into it... there has been a lot of trust, goodwill and management time... They've trusted us to recognise the work they have done with us' (Commissioner)*. The BRC have also worked with commissioners to overcome the reluctance amongst some professionals to work with the third sector:

'I can rely on them to come along and give a presentation that is acceptable to GPs – that's the level they work at' (Commissioner)

'They've had to win new hearts and minds of the kinds of people who would naturally be disinclined to let the third sector deliver services that they perceive the NHS should' (Commissioner)

Outcomes focus and operational flexibility

Commissioners regard BRC locally as being flexible in responding to clients' needs, and orientated to achieving outcomes rather than just delivering the specifics of the contract: *'they are very approachable and amenable to sharing information... very closely tied-in to seeing our agenda and achieving outcomes' (Commissioner)*. The focus on outcomes, and the shared agenda with commissioners, has resulted in tangible benefits:

'They've also been very good at identifying where there's waste. For example, on the basis of the different sorts of assessments they've made we've identified that about half of the people that were in receipt of a service didn't really want the service' (Commissioner)

Third Sector co-operation

An interesting element of the BRC Carmarthenshire 'offer' is the partnership relationship with Marie Curie in the provision of support for people with terminal illness. This is seen as something of an exemplar by commissioners – the sort of collaboration between third sector organisations which they

would value (see below). From various interviews, three key success factors in this relationship were identified:

- Three key local individuals (from both charities and from the commissioner) were motivated and able to respond to an identified need;
- The two charities, because of their size and national presence and different foci, were not in competition for local funding and therefore did not feel threatened by closer working; and
- An open and honest relationship has developed between the three parties which allows for discussion of service re-modelling.

Personnel

Most of the interviewees identified the vital leadership role played by the local BRC managers in most of the strengths of the local BRC service. This appears to be based on several factors:

- Understanding of the strategic context and the needs/limitations and dynamics of the local statutory sector;
- Credibility in delivering what is promised;
- Creativity in developing new solutions to problems;
- Energy and enthusiasm to tackle difficult issues; and
- Genuine focus on the needs of clients.

Several of the commissioners spoke of BRC managers more as colleagues than providers of commissioned services:

Commissioner: I know I can rely on them... I could run something past them, even if it was confidential.
Interviewer: It sounds as if you are describing a colleague
Commissioner: Yes, the relationship has developed like that. There's a feeling you're in it together... same value base perhaps

2.3 FUTURE DIRECTION

For most commissioners, the acid test was whether the BRC (or any other provider) could deliver acceptable levels of outcome: *'...at the end of the day it's about outcomes and understanding the views of the service user. I don't much care what type of data it is – as long as it answers the "difference made" question' (Commissioner)*. Given the difficulties sometimes involved in measuring outcomes (time scale, confounding variables), client satisfaction was generally accepted as a useful proxy:

Interviewer: 'What would persuade you to commission more services from the BRC?'
Commissioner: 'Very simply – the view of the service user'

'...I can't say for a fact that people have stayed at home longer, are happier and are satisfied for certain – but I can say that people report they are' (Commissioner)

Several stakeholders argued that the issue of succession planning would be important for BRC locally. This was discussed in purely positive terms, given the good working relationships and partnerships that have developed with senior managers of a period of time.

Finally – and of significance for the BRC – is the clear view amongst commissioners that they do not want to work with a local third sector which is dominated by a small number of (usually national) organisations. Their concern is not primarily an economic one – it is not about the adverse impact that this might have on competition. Rather, it is because their vision for the future depends upon creating resilient communities, and they see this as requiring a host of often small, local charities which act as ways of mobilising the inherent resources of those communities:

'We've invited small and large organisations to come with us on this journey, as well as single-issue groups. We can't allow someone like BRC to be in a dominant market position, and in order to ensure this we will contract differently. This means that outcomes will be at the forefront, but also that collaboration is at the heart of this new approach. If [BRC] are wise they should be lining up their partners locally in order to make themselves as attractive as possible to commissioners' (Commissioner)

'They are currently first among equals in the third sector but it would be very helpful to us if they could help play a role in bringing everyone up to their level' (Commissioner)

This is clearly linked to the views of the rest of the third sector locally, where there are some concerns about the position of the BRC:

'I don't hear any negative comments about the BRC... but I can recognise that some of the smaller organisations might be fearful about their possible empire building' (Stakeholder)

'I think there are organisations that see them very much as a threat and that they are going to take over the world' (Stakeholder).

3 · RESEARCH FINDINGS – OPERATIONAL STAFF AND VOLUNTEERS

This chapter reports the findings from the three focus groups that were held with staff and volunteers and also draws on material from interviews with the service managers as appropriate. Principally respondents were asked about their motivations for working with the BRC, how far they are able to identify the difference that BRC makes, and how best to optimise their practice to ensure that the BRC has the greatest impact possible for those it serves.

In addition to the discussions, the researchers employed graphical facilitation as part of the focus groups (Appendices Va-c) which captured the 'storyboard' that was produced on the basis of what people said. The images should be read in conjunction with the narrative below.

3.1 HOW DID YOU BECOME INVOLVED WITH THE BRC?

Participants were asked to reflect on their own experiences and consider how they had become involved with the BRC, why they had chosen to work for the society and what motivated them to stay. Participants were very forthcoming and candid about their own stories and in sharing their experiences.

3.1.1 What motivated you to work/volunteer for the BRC?

When asked about their motivations, respondents focused on a couple of main themes. These included taking pride and enjoyment in helping clients and beneficiaries in an impartial and non-judgemental way; previous experience of the same type of work; enjoying the challenging and varied work load; working with good colleagues; and the rewards and benefits of the job being attractive and suited to a particular personality type. The following quotations describe the complete range of responses as above and reflect the diverse nature of the individuals and their backgrounds:

'It suits my caring personality and even though you're supporting people who are dying I really enjoy the work because you can see the impact for families' (Staff)

'I like the fundamental principles and the fact that we can get into situations that others can't get in because we don't make judgements – this is really important in ensuring that the most vulnerable people are given the help and support that they need' (Staff)

'I think it's brilliant that we do this so that people can spend their last days at home instead of hospitals or hospices' (Staff)

'Our role is to support, but also empower people. So for example if the family wants some help with caring for their husband or wife or mum or dad, we can show them how to do key things that help everyone' (Staff)

'Being part of the BRC is very good for opening doors. Elderly people specifically trust the BRC staff more so than a lot of other agencies – they trust the badge' (Staff)

'Sometimes our role is just companionship – the family do the shopping and the other bits and bobs but just don't have time to spend with them – and that's something we can do' (Volunteer)

3.1.2 What motivates you to stay?

Participants discussed several key things that encouraged them to continue working or volunteering for the BRC. They valued that BRC staff all have different skills and experiences that they are able to bring to the job and support each other as well as the service users and their families. Also the ability

to respond quickly to service users needs whilst treating them as individuals was identified as important. Finally, staff and volunteers valued the opportunity to work alongside staff from other organisations to provide the best service for clients and their beneficiaries. Again the following list vividly captures the range of opinions and viewpoints offered:

'Working here gets under your skin in a good way – colleagues are like family and the return from beneficiaries is often so positive that it keeps you going and you want more. I've never worked in an organisation where there's no-one who I would describe as a disruptive influence. It's because it's the Red Cross – the people that are drawn to working here are the same sort of people, and you only stay because you're that kind of person. The work is too challenging for people who are not fully committed to it' (Staff)

'It's rewarding and while it can be emotionally draining there's a real sense of satisfaction, especially if we've been able to make it much better for people' (Staff)

'You're rewarded by getting someone back on their feet' (Staff)

'People value this loads, especially for people who are struggling and just getting more and more ill' (Staff)

'If your heart was not really in the job I don't think you'd stay – you've got to want to look after people, and this is a nice job to do because you can take pride in the job and people are interested in what we do' (Staff)

'It's because people totally depend on you and the visits you make every day – if we hadn't been going in there are so many people that would have no contact with anyone' (Staff)

'I like to think that the reason I keep on with the job is that if I was ever to find myself in that situation there'd be someone like me to support me, to stop me from being isolated' (Staff)

'It's nice that you feel you're giving people a helping hand' (Staff)

'We're very lucky to be working in an organisation where management want the staff to develop, are open to new ideas and listen to new ways of doing things' (Staff)

'There are new challenges every day – the 'can do' attitude across the organisation from whatever service you're in is a real positive of working here' (Staff)

One issue of singular importance that motivated staff and volunteers centred on the investment of trust that often vulnerable people place in them, the uniform and the badge, even if this has potential downsides:

'The whole ethos of the Red Cross means that people trust you instantly that they see the badge – there's such tremendous trust, respect and security in the Red Cross that we perhaps get access to circumstances that others can't get in' (Operational manager)

'It's also helpful for some people to disclose things to us that they wouldn't say to anyone else – they trust you not to judge and not to pass it on' (Staff)

'There's a lot of trust in the badge – there was a client last week who social services were trying to see and they couldn't and they were talking about getting a warrant to get access to the house. I turned up in uniform and the gentleman let me in straight away and we began a conversation about what he needed and wanted' (Staff)

'You respect the badge – when I'm wearing my uniform I try and watch what I say and not beep the horn at people in traffic!' (Staff)

'It was my first visit on my own this morning and I was quite nervous – not just because it was the first time but also because there's a real responsibility wearing the uniform. It's been a confidence boost and one of the nice things is that the job is different every day' (Staff)

'Everything we do is a function of a relationship of trust with clients – that partly comes from their trust in the badge, partly from our training and it's also got a lot to do with our attitudes as people, volunteers and members of staff' (Staff)

3.2 UNDERSTANDING THE DIFFERENCE THAT THE BRC MAKES

3.2.1 What does the BRC do for beneficiaries?

When asked about the kinds of things that the BRC actually do for people, unsurprisingly the comments turned to the practical side of the support offered and the skills and knowledge required to deliver it in the best interest of the beneficiaries, whether assessment, support, advice, providing information to offer choice or signposting. The fact that BRC can respond quickly, promote independence but at the same time be non-judgemental was also deemed to be important. More specifically, the following activities emerged as being especially significant:

'Giving people enough time and confidence to cope alone at home' (Staff)

'Provide support by working with clients not for them' (Operational manager)

'Encourage and instil confidence' (Staff)

'Provide impartial support for client and families – just listening' (Volunteer)

'End of life care – supporting clients and their families/carers' (Staff)

'Being there when clients don't have a family member nearby' (Volunteer)

'Reassuring and providing comfort even after care ends' (Staff)

'Staying professional by maintaining the boundaries' (Staff)

'Respecting people's wishes' (Volunteer)

'Support people in crisis but with no agenda' (Staff)

Overall there was a strong sense that responding to the human being in front of you on all occasions is the most important part of what BRC do:

'You have to be different with everybody and respond to them and the way they want to be treated. I try to put myself in their situation and feel what they feel' (Volunteer)

'We go in and establish whatever people need. Often we've had a referral and we have an idea of what they might need before we go in, but sometimes it says on the referral "they need this" but we always check and amend the care plan as things change for them' (Staff)

'Whatever we do we make sure that it's on the basis of what the client wants and needs. Our job is to be responsive to them and not impose our own thoughts and way of doing things – so for example if we're helping with fill in forms we make sure we record everything they want us to' (Staff)

3.2.2 What difference does it make to their lives?

Respondents reflected on the difference that the services they provide make to the lives of beneficiaries. Issues covered included emotional and practical support for beneficiaries, along with the

principles and flexibility that they associated with working for BRC. At a very practical level, respondents noted that the 'difference' can be the regular social interaction BRC staff and volunteers provide:

'It's really nice when people say to you that you've brightened up their day – you can't underestimate how much of a boost this is' (Volunteer)

'I've had some people say that if I was to keel over and die there would be someone who would find me as I'm the only one that calls. I know that's depressing but that's the reality for some people – and it's not always people out in the sticks' (Staff)

'There's a real buzz from making an immediate difference – it's clear with some people that you only have to be there for 10 or 15 minutes and the benefits are obvious' (Volunteer)

For some the 'difference made' centred on the role of the family and other carers, and the respect and control that BRC staff and volunteers can afford them:

'The family can have involvement with the care and support that is provided to their loved one. In hospital that will all be taken away from them but some of them want to be more hands-on. We're still in control of the situation but we're a trusted partner in their family, and it allows them to be as independent as they want to be and have their wishes respected' (Operational manager)

'Sometimes it's more supporting a family than it is the client. It might be answering questions about what we're going to do and reassuring them about how we do things' (Staff)

'Sometimes choices can't be met, but we always try to accommodate them as much as possible – so you might say 'we can help and support in doing this…but not this'. The choice of the client comes first' (Volunteer)

'Emotional support means for the families as well as the clients' (Volunteer)

'You learn to deal with situations very quickly especially when you're in someone's home. It's very intimidating when you think about going into people's homes but you follow the lead of the experienced staff with you and that gives you confidence to deal with things calmly' (Staff)

'Because we're non-judgemental people quite like to offload something to us about their family members knowing that the information won't go any further. Last week I had this with a client in their bedroom upstairs, and then the family did exactly the same thing when I went downstairs!' (Staff)

'One of the key benefits is that they stay in control of situations – so many people thank us for allowing them to live as normal a life as possible during some very challenging and difficult times' (Staff)

'We give people respect that you're not judging them and then they respect you back' (Staff)

For others the difference made lay in the sense of security and continuity that being provided BRC services gave beneficiaries. In short, this meant that whilst direct service provision may wax and wane, members of the public could be reassured that the BRC would always be there to support them:

'People have always got our number if they fall back into crisis – we're always involved even though we're not involved. This is a positive reflection on how we provide the service and what we do – because you can guarantee that they wouldn't come back to us if they didn't value what we could do' (Staff)

'The biggest thing is that we have an open agenda and we go under a humanitarian banner which is very different to other organisations who find it harder to work without an agenda' (Staff)

'If there's a need and someone's in crisis and we reach the end of six weeks we won't abandon them and either refer them on – we provide care with a human face' (Staff)

'I've had people come up to me two years later and I'm wracking my brains to remember who they are and they've been really positive about the impact we made' (Staff)

'There's a lot of work that happens behind the scenes too – particularly for the supported discharge and the tenancy support programmes because we have so many phone calls from people who may have gone off the rails, or be close to it – the role of the support workers in helping them remain independent and achieve what they want is crucial' (Staff)

'We're the carer of last resort and we will take on cases and engage with individuals that others just won't. People know that the Red Cross will always support people not matter what circumstance we find them in' (Staff)

As evidence of the difference that can be made, one member of staff related the story of a beneficiary who felt strongly about providing a reward to the BRC for the impact they had made to her life: *'There was a lady I worked with who was quite afraid of paying her bills and so wouldn't heat the water for all things. She worked out that she could save £24 per year by only heating the water when she absolutely had to. By week four of us working with her she was so appreciative of the support we gave her that she made a £150 donation to the Red Cross – so she was saving £24 per year on things she should have been spending it on and giving her money to us because we had been so helpful' (Staff)*

3.2.3 What do you value most about the service you provide?

Participants also considered what they value about their work. Especial importance was placed on the flexibility and speed of response that BRC are able to offer to people in need; pride and achievement for the difference the BRC are able to make to beneficiaries lives; the advantages of working with good colleagues and having organisational support; and, being in the third sector:

'The thing I value most is helping to change lives and engaging with the public' (Staff)

'Seeing people with their families around them is immensely satisfying' (Operational manager)

'Being able to provide things that are a little bit different and not having to say 'no, we can't do that' (Staff)

'We really value the fact that we make a difference – no matter how big or small' (Staff)

'Both the speed of response – especially in relation to continuing care – and the quality of care are central to what we value' (Staff)

'A lot of it is encouragement trying to give people the confidence to go back to doing what they always used to do. They will often come out form hospital and want to pass on the tasks to anyone else. I get most satisfaction when I see someone's confidence beginning to return – this is a fragile thing and we have to be very careful but nurturing it is a real reward' (Staff)

'We're not target driven in the same way that other agencies are – we've got time to listen to concerns and try and do something about what they tell us. We're not rigid and that flexibility is something that people really value' (Staff)

3.3 WHEN DOES THE BRC HAVE THE GREATEST IMPACT FOR THOSE IT SERVES?

Having considered the service that BRC provides to beneficiaries and the value placed on it by both the recipients of the service and colleagues, participants were asked to reflect on the impact that the service has for its beneficiaries.

3.3.1 When are we at our best?

Staff and volunteers were asked to think through occasions when they thought BRC was at its best and identify why. The issues that emerged covered a broad range of the benefits, ranging from emotional support, such as reassurance and listening, to more practical advantages such as the ability to respond quickly and liaise with other organisations to the benefit of the client, and included:

'Liaising with other organisations in the best interest of the client' (Staff)

'Alleviating other problems when we can't improve their health' (Staff)

'Giving people time to recognise their own problems' (Staff)

'Interacting with clients at an earlier point than previously, and for longer' (Staff)

In more detail, respondents noted that much of what happens when the BRC is operating at its best is a reflection of the quality of relationships between different members of staff, their training, skills and attitudes:

'The approach to how different parts of the service do their job is the same. We're all professional and we all respect one another and what we all do' (Staff)

'We wait and let people identify the issues for themselves. We try very hard not to go in and say 'you don't want to do it like that…' because all you end up doing is putting people's backs up, and you lose the opportunity to maintain their independence' (Staff)

'We have an ambition to achieve and this drives us forward towards achieving the best service that we possibly can as often as we possibly can' (Staff)

'We're flexible enough to deliver in any situation – staff have the right attitude and the client always come first, even though it might be 5pm on a Friday afternoon' (Staff)

'We're willing to help one another out – in the office we are able to be fluid and support one another, and people are open to being asked about possible solutions' (Staff)

One specific example was cited which demonstrated in a practical way all of the qualities that had been described: *'We sometimes work alongside other agencies in the delivery of care and sometimes you hear from families and service users that the care that the Red Cross gives is superior to that of other agencies. I think that's because we go the extra mile and we're not doing it because we're just another agency. For example if we can see that someone needs an hour to just go out and do some shopping, we can work out how to provide respite. I have to say that yesterday in that pouring down weather [name] went out with another of the volunteers traipsing around [place] looking for fish and chips because one of our clients wanted them. All of the chip shops were shut, but we'll be taking some along today' (Staff)*.

3.3.2 What's stopping us being at our best all the time?

Having reflected on what is provided to beneficiaries, participants were asked to consider barriers that get in the way of optimising service delivery. Many of the issues concentrated on promoting the broad

range of service provision available via BRC to colleagues and volunteers, the general public and other organisations. In no particular order the themes that emerged are presented below.

'Promote BRC better as people don't always know what we do'

Considerable time was devoted to discussing the fact that staff and volunteers feel that the service is not as well known in Carmarthenshire as it might be, either by the public, other service providers or indeed by colleagues within BRC:

> *'I think we need to look at promoting the Red Cross better locally because people assume it's first aid or overseas work only' (Volunteer)*
>
> *'We need to raise awareness but I recognise that you create capacity issues in the long term by having a bigger caseload' (Staff)*
>
> *'It needs to start with the people within the Red Cross locally – we need to make sure our people are aware of what we deliver. I've turned up at the Red Cross shop in Carmarthen in my uniform and the volunteers there say "ooh, what do you do then…?"' (Staff)*
>
> *'I was speaking to one of our first aid trainers the other week and he asked me exactly what do we do here because he didn't know and was being asked by people – he was being employed by the Red Cross and he thought having some leaflets and having a slide in his presentation could be a way of identifying potential service users and possibly volunteers' (Staff)*
>
> *'In-house communication could be better, and there's a job we need to do to raise and improve staff awareness. For example in our local shops despite being given leaflets and information about the service you can pop in and they won't remember what you do which is quite frustrating' (Staff)*

An interesting flip-side of these more negative comments was that being 'unknown' may have distinct benefits: '*It's actually helpful to us to go under the radar. [Provider organisation] deliver services to some of our clients and it's very obvious that they provide cancer care to people at the end of their life. One of the benefits for us is that whilst we're providing exactly the same service, if you see a Red Cross vehicle outside you wouldn't necessarily know what we were there for – which some service users really value. It keeps their privacy' (Staff)*.

As well as exhorting local Red Cross staff to be more familiar with the range of services provided in Carmarthenshire as described above, there was a recognition that colleagues within have a duty to be aware of the other services that are provided beyond their borders: *'We need to be much more aware of what others are doing in different teams and what other Red Cross organisations are doing – ones like Swansea and Pembrokeshire should be much more aware of what's going on' (Staff)*.

Communication and feedback

There were a number of comments made about the nature of communication within the organisation. The following quotation is representative of a number of others which suggest that feedback is an area for potential improvement:

> *'There are occasions when we do a lot of work and put considerable effort in and that is not acknowledged which can be a frustration. So for example we did a big event at [place] but there was no write-up or account of it even though we had loads of really good feedback on the day' (Staff)*

A specific issue that was raised focused on the way services are delivered to beneficiaries, and the time pressures implicit in the way the programme works on occasions – pressures common to any number

of other organisations. Moving beyond the specifics of the case, the respondent pointed to a much bigger issue about how the organisation functions: *'Like anywhere else staff want to know their views and issues are listed to so feedback is important' (Staff)*.

A slightly different issue was raised in relation to ensuring communication and feedback about the relationships with individual clients – in effect highlighting the potential difficulties in getting too close to beneficiaries: *It's a fine line though – you want people to be independent but all too easily they can come to rely on you so it's important to say 'no, I can't come out but you can do this yourself..' sometimes If I feel that someone is becoming too dependent on me I need to step back and we'll put in another support worker and that needs to be communicated clearly to all concerned (Staff)*

Finally, a sense that greater central control was being exerted over communication processes was lamented given that local responsiveness could be compromised: *'There are issues about how we communicate. Everything now needs to be run past someone centrally and that's a real bind' (Staff)*

Volunteers

The contribution of volunteers to the broader team and programme was discussed. Comments focused on promoting BRC and the range of services it provides to encourage more volunteers; advocating volunteering as a stepping stone to employment; investing in volunteers, identifying their training needs and establishing how they would like to contribute to the service; and giving recognition to the importance of the 'non-personal' care that volunteers provide:

> *'As a volunteer it's rewarding when you see the end product and people are supported and you see them progress and see clients improve' (Volunteer)*
>
> *'I'd rather feel that you have a role than feeling that you're a spare part. We work across everything and feel that you can make a contribution to all aspects of what we do' (Volunteer)*
>
> *'There's obviously no 'contract' for volunteers and this is perhaps something we could address' (Staff)*
>
> *'We need more volunteers, which might come about if we publicise more – the turnover of volunteers can make it difficult for certain parts of the programme' (Staff)*
>
> *'There's a real difficulty with volunteers – some don't want to make a regular commitment but it's difficult for managers to plan services without this' (Volunteer)*
>
> *'Staff are encouraged to promote and recruit volunteers – but there's scope for doing more of this' (Volunteer)*
>
> *'There's probably a group of younger retired people that we might be able to target to provide support – people who can still drive and find themselves with time on their hands – but quite how we get to people is difficult' (Volunteer)*
>
> *'Staff would like to show volunteers their gratitude more, to say an extra thank you' (Staff)*

Signposting and partnership working

Formal and informal working relationships with others were considered by respondents. At one level this centred on very practical considerations about awareness raising: *'We could be better at signposting but it's sometimes hard to know who to refer to. At the same time other organisations should be better at signposting to Red Cross – we perhaps need to educate them on the range of services that BRC offer so that they can refer in to us' (Staff)*. In addition, staff and volunteers remarked on the roles of BRC and its partners, and what each brings to the table. The following two quotations

are useful in giving a flavour of both sides of this debate – one respondent advocated a more 'humble' role for BRC whereas the other suggested that the unique BRC offer is the reason for keeping beneficiaries on its books:

> *'We need to be realistic about recognising that other organisations might actually be better than us at some things. So for example Crossroads are much more experienced at supporting carers and we should be referring to them, rather than trying to do everything ourselves' (Staff)*

> *'One of the reasons why we perhaps hang on to cases and don't refer them on is that we know we can take a number of different support tasks but other organisations are more single-focused. You know sometimes that if you refer a client on eventually they may need the support of three or four organisations which means three or four different support workers, and that they would rather have a single point of contact so we keep hold of them' (Staff)*

These issues are clearly not unique to the BRC, but common to any number of third sector organisations. It reflects a challenge within the sector as a whole to ensure that the right balance between generic and specialist expertise is found.

Prioritisation and flexibility

Some of the most difficult discussions concerned the way BRC prioritises its activity, how flexible it is and the consequences that fall out of all of this. The relationship between continuing care and the other arms of the programme was certainly at the heart of much of this:

> *'We know that the continuing care takes priority but it's often at the expense of our home from hospital clients. They can't see the other side of things and they're obviously concerned with their own problems. Whilst most of them are fine if we have to re-schedule there are occasions when people are less receptive. One client who had received a service before and had been a bit messed around, said that she "would be keeping a very close eye on whether she received the visits as promised"' (Staff)*

Further, concerns were expressed about understanding how, in theory, programme working operates Carmarthenshire. This reflected a very honest and candid assessment of the professional strengths and weaknesses of staff and volunteers:

> *'Whilst I think most of us could recognise that clients have needs other than the ones our particular service can offer – like home from hospital clients having tenancy support needs – I don't think many of us are at the stage where we feel comfortable providing those types of services. We know what we know best. This isn't a huge issue all the time but when it does happen it can be quite difficult' (Staff).*

However, it is clear from the quotation above that this member of staff demonstrates many of the key principles underpinning effective programme working – dealing with the person as a whole person, recognising need beyond the narrow confines of service delivery, and signposting to appropriately to others. Therefore, whilst theoretically staff may perceive that they don't fully comprehend programme working, in practice their actions demonstrate that they do.

Keeping things in perspective

The programme in Carmarthenshire is on a learning journey, and is actively shaping and amending its offer in the light of the learning gathered. Whilst all of the remarks above are entirely valid and provide scope for improvement, they need to be seen in the context of what is clearly a very well-regarded programme. As such, everything needs to be seen in perspective, including how far staff and

volunteers are happy to work alongside operational and senior managers to jointly resolve the issues identified: *'These are all relatively small problems and resolving them could make a big difference. We ensure that any of the problems that occur in the organisation of services are not passed on to the clients – that's not to say that managers shouldn't address them because they can have a significant impact on staff morale. Managers are aware of the problems but I'm not sure they're always aware of what the solutions might be…we need to work together to the benefit of clients' (Staff)*.

4 · RESEARCH FINDINGS – OUTCOMES FOR BENEFICIARIES

This chapter report the findings from three different sources. A focus group was held with twelve beneficiaries drawn from the home from hospital, supported discharge and tenancy support services; sixteen beneficiaries from these service areas participated in telephone interviews to share their experiences about the service they'd received; and for those in receipt of continuing care services, data which had been gathered as part of routine BRC review meetings was analysed.[7,8] In addition, the researchers employed graphical facilitation as part of the focus group discussion with beneficiaries (Appendix VI) which captured the 'storyboard' that was produced on the basis of what they said. As before, the image should be read in conjunction with the narrative below.

4.1 HOW DID YOU GET IN TOUCH WITH THE BRC?

To begin, at both the focus group and with telephone interviewees, participants were asked to reflect on their own experiences immediately prior to being involved with the BRC. When asked about how they had come to find out about the BRC and what they were able to do for them, participants were very forthcoming and candid about their circumstances and their story.

Interestingly there were considerable commonalities between the stories and experiences of the respondents, despite their very different backgrounds and three main themes emerged: people who themselves had been supported to return home after time in hospital; people and their families who had been supported in dealing with alcohol problems; and family members/carers who had been supported to help a loved one die at home.

In terms of making contact, many beneficiaries were referred to the BRC after a hospital stay by NHS staff or hospital social workers:

'The hospital put me in touch with Red Cross because I live on my own and I kept going in and out of hospital…so now I have a lady who calls once a week and helps me with administration [and] checks up on me' (Telephone interviewee)

'My social worker at the hospital recommended that Red Cross get in touch with me. I've had a number of hospital stays and they've been with me all along' (Telephone interviewee)

'A social worker came to see me prior to discharge and put me in touch with several organisations, of which British Red Cross was one' (Telephone interviewee)

4.2 WHAT DOES THE BRC DO FOR YOU?

When asked about the kinds of things that the BRC actually do for people, unsurprisingly respondents began by thinking about the practical side of the support offered. To a degree, the type and nature of support varied depending upon which part of the programme respondents had been involved with,

[7] It should be noted that data was collected from Continuing Care clients by proxy – i.e. where reported in this document the words are not those of the clients but are taken from the write-ups of the review meetings made by managers thereafter. They do reflect what was said but are not verbatim, and should been seen in this context.

[8] Further to all of these sources, the research team were provided with anonymised copies of a number of letters and cards received from beneficiaries. Whilst they have not formally been analysed as part of this evaluation it is clear that beneficiaries, their carers and family members regularly contact the BRC with messages of gratitude for the service they have received. This is often in the form of letters of thanks or cards. Occasionally donations are also included as a mark of gratitude for the services beneficiaries have received. These 'sources' speak very positively of a service that people respect, trust and value.

but there were a number of common types of activity that emerged. For example, there are a range of personal care and associated tasks that maintain people in their own homes, like bathing, showering, cleaning and shopping, which have been part of the core business for the BRC:

'They phone regularly since my discharge from hospital. After my hip replacement the Red Cross worker came out twice a week to wash my feet and legs, and replaced the old stockings with new ones. They provided a new chair for the bathroom' (Focus group participant)

'The Red Cross became more than a prop – they gave confidence to me and a real sense of caring as well as the practical side of making sure that I had food ready' (Focus group participant)

'Someone helped me clean…which I appreciated very much' (Telephone interviewee)

Another area commented upon were the adaptations made to people's homes that enabled people to remain as independent as possible: *'I had a stroke last February and BRC saw me in hospital. They arranged for all adaptations in my home to be put in by the time I got out (Focus group participant)'.* Respondents noted that most commonly this might include *'fitting rails in the bathroom for the toilet' (Focus group participant)*, installing showers to enable easier washing and cleaning, getting wheelchairs for people that needed them, or could include arranging for things to be put in like doorbells and stair-lifts should they be needed. Of especial importance was the speed with which these things could be achieved: *'I rang up and later that day the things had been fitted' (Focus group participant).* One interviewee commented that BRC had assisted with a safety issue at their rented accommodation: *'The Red Cross had the Fire Brigade out too because all my windows are nailed shut and there's only one door to the flat' (Telephone interviewee)*.

BRC staff and volunteers also provided people with an advocacy function in supporting people to maintain their tenancy and improve financial circumstances: *'they helped to sort our rent and tax out' (Focus group participant)*. This often extended into a range of other activities, like contacting social services or signposting to benefit claims – assistance with form filling was very much appreciated for example:

'It's been a God-send for me. They sorted all the paperwork out for DLA [Disability Living Allowance] and Carers' Allowance' (Focus group participant)

'I now have more money through DLA. They helped me fill in the paperwork and I get benefits I didn't get before. I've had the home from hospital service but I now have a carer who I employ through the benefits I get' (Telephone interviewee)

'It made things so much easier for me when I knew that the Red Cross was helping me to get things done in my home. They helped when I personally was getting nowhere with local authorities so as the main carer in the home, things were easier' (Focus group participant)

'They were reliable and were there when I was confused. When I came home and had 40 page forms to fill in – when you're not feeling well at all, it means the world. They have been marvellous' (Telephone interviewee)

BRC staff and volunteers also assisted beneficiaries with making and attending appointments with regard to improving their health or preventing them becoming ill:

'When I came out of hospital I was under nine stone and the Red Cross arranged for me to see a dietician. I go the gym now as well and I'm going on for thirteen stone' (Telephone interviewee)

'And [BRC staff member] has put me in touch with someone who will help me with my reading and writing – I've got a disability' (Telephone interviewee)

'They've taken me to the surgery, hospital, dentist, done shopping and provided advice and information with letters I have. [BRC staff member] has gone out of his way and if he doesn't know something he'll find out' (Telephone interviewee)

'They took me to the optician and the dentist and they got me to join the local gym. They also took me to PRISM for my alcohol problem...It's made a tremendous difference to me' (Telephone interviewee)

Respondents placed considerable value on the emotional and mental support that BRC staff and volunteers provided to them and their carers. This often included instilling confidence in the recipients and thereby contributing to their emotional well-being:

'I haven't been well emotionally after losing my husband and with my son's behaviour. They've been there to talk to me and generally help me as much as they can…They've been marvellous a total help both physically and mentally – anything I've wanted or needed they've seen to' (Telephone interviewee)

'They offer physical and mental support – just being there for a chat. When you're used to being out and about and suddenly you aren't leaving the house its depressing and good to have someone to have a chat with' (Telephone interviewee)

'They make things easier to cope with. I believe I put barriers up and I they help me take them down. When they leave me I always feel more relaxed' (Telephone interviewee)

In addition BRC staff and volunteers were praised for helping to make arrangements for individuals to become more fully integrated with society once their period of crisis had come to an end. This might take the form of helping with transportation) to enable socialising like visiting the day centre, or enjoying the benefits of exercise by going to the gym: *'They take me to the [name of centre] twice a week and have helped me get onto computer courses. This has given me and my wife some time apart without which I think we might have ended up killing each other!' (Focus group participant)*.

Lastly, it was noted that the support and care that BRC offer typically extends beyond the individual that they have become involved with. As such carers and family members can benefit by extension from the involvement of one person. This often means that the support is snowballed to others who find themselves in situations of need:

'They also really helped my mam' (Focus group participant)

'I didn't know how they came to find out about me until I discovered that my next door neighbour who was receiving support from the Red Cross has suggested that they knock on my door' (Focus group participant)

'I stayed with my mother for about eight weeks after coming out of hospital and they noticed they could help her too' (Telephone interviewee)

4.3 WHAT DIFFERENCE DOES IT MAKE TO YOUR LIFE?

When talking about the difference that the various services provided by the BRC had made to them, their families and their lives, respondents focused on three main benefits.

'*Knowing there's someone there*'

The first and by a clear margin the most important difference that the services had made was to offer respondents peace of mind and a security that had previously been lacking. This sense of *'knowing there's someone there' (Focus group participant)* took two forms.

Firstly, for people who had been in receipt of a service but for whatever reason no longer had support provided directly to them, there was considerable comfort afforded by the fact that there was an extant relationship with BRC staff and volunteers – either because the BRC keep in touch via telephone, or because respondents knew that the BRC could be contacted easily if the need arose:

'Knowing that if I need anything they are at the end of a phone call once the main support has finished is so beneficial' (Focus group participant)

'All I had to do if a problem arose was I just picked up the phone and explained the situation. It was then attended to' (Focus group participant)

'The Red Cross are very caring people – they listen to all your problems. But most of all they always keep in touch. They phone me every week to arrange a visit and have a chat. They also help my wife who has got to care for me – they showed her how to do things for me' (Focus group participant)

'They always say don't worry – telephone us and we'll come out to see you. I keep the number for Samaritans and Red Cross by the side of me.' (Telephone interviewee)

'They kept in touch regularly and gave us peace of mind. They phone to see if you're OK. There is always someone else on the other end of the phone' (Focus group participant)

Secondly, carers found the support offered by the BRC especially helpful and comforting when time to oneself is at a premium: *'It means that I feel clean, fresh and independent because they give me time to myself. I can rely on them arriving at the time I arranged, which has not been the case for other care workers' (Focus group participant)*.

'Having someone who actually listens'

The second major identified benefit of the services provided by the BRC was that respondents felt that the BRC treated them 'as a person': *'They are patient, they listen and they give me as much time as I need' (Focus group participant)*. This 'human' approach to the care and support provided was often described in contrast to other services, especially home care, in which workers often rushed through the tasks they have to perform. Clearly what the BRC approach allows for is the social interaction that vulnerable and isolated respondents noted they wanted: *'I don't get to see many people so it is rather pleasant to have a chat' (Telephone interviewee)*. In addition, listening therapies – whether perceived as formal or informal – were appreciated as part of the offer that BRC make: *'they gave us counselling' (Telephone interviewee).*

'Keeping me independent by improving my confidence'

The third way in which the BRC have made a difference to beneficiaries focused on the capacity and resilience that had been built within individuals and families to deal with their situations. Respondents identified that this could impact in building confidence around self-care, and in the caring role that others have:

'I can now cope with my wife's personal problems so much better. I have more confidence in leaving her to do things herself' (Focus group participant)

'Red Cross gave me confidence in myself and the skill to help my wife' (Focus group participant)

'I'm quite elderly and the supportive feeling of being of value to someone gave me the confidence to help myself' (Focus group participant)

'They have helped me to build my confidence. I wasn't going out and they have taken me to different places like the opticians and I'm back driving now – they've given me a heck of a lot of confidence and I wouldn't have done it without the Red Cross' (Telephone interviewee)

'[BRC staff member] coming to see me gives me confidence to go out and stuff' (Telephone interviewee)

4.4 WHAT DO YOU VALUE MOST ABOUT THE SERVICE?

Respondents provided both simple and more complex responses to the question about what they value – the following list provides a summary of the key features identified by focus group participants:

'It gave me emotional support'

'They signposted me to the right things'

'They sort things out quickly'

'They phone to check I'm OK'

'Give peace of mind – I trust them'

'They deliver on their promises'

'They provide quality of care'

In addition, there were two specific themes which emerged.

4.4.1 *'Care with care'*

Providing *'punctual, reliable and professional'* care *(Focus group participant)* was considered to be one of the most important features of the BRC programme. Other features that were thought to be of significance in the way that the BRC deliver their care and support were that they are *'patient' (Focus group participant)*, they *'offer choice' (Focus group participant)* and they are *'considerate' (Focus group participant)*. In more detail four specific responses were made:

'They deserve more money. They have been very good with me and it's nice to know that someone's there. Being secure means more than taking the tablets that the doctors give you. There's nothing worse than sitting down with a doctor and they are just writing notes, you're just a number. With Red Cross they treat you like a person' (Telephone interviewee)

'They treated mum with dignity and respect – and not everyone else did. And they asked me what I needed – again which not everyone else did' (Focus group participant)

'The client's daughter explained that before her mum went into hospital she was receiving care from another agency, but the standard of care they now receive from the Red Cross was of a far higher standard and she was pleased that the Red Cross were now calling and could not fault anything or anyone' (Continuing Care client review)

'The family were very appreciative of the support that they are receiving and complimentary of the attitude of the staff who have been supporting them' (Continuing Care client review)

'They asked what name to address [beneficiary] by – on the forms her first name was provided but that isn't the name she goes by and if you address her as [name] you wouldn't get her to do anything. The Red Cross people bothered to find out what name she went by and she was much more helpful to them, and got a much better service on the back of it' (Focus group participant)

'They provide care with care, and consideration for everyone – not just the person they are directly caring for' (Focus group participant)

4.4.2 *'Nothing was too much trouble'*

The security of knowing that the BRC are available (on the end of the phone, for example) to provide advice and support in times of crisis has already been commented upon. This theme re-emerged when respondents were asked to summarise what was of most value to them:

'What I valued the most was the support and help from the Red Cross which was always ready when required, and nothing was too much trouble. I will always appreciate it' (Focus group participant)

'What I value is the reassurance that if I need help this is just a phone call away and that if my health deteriorates I know they are there to give more help' (Focus group participant)

'I've valued the whole service. It's nice to know that there's someone there that I can rely on.' (Telephone interviewee)

The client and his wife are very happy with the service and said all the Red Cross staff are great and look forward to their visits. The client said that the staff always brightens up his day as the staff are very happy and nothing is ever too much trouble for them – "they are a credit to the Red Cross"' (Continuing Care client review)

Knowing it was the Red Cross gave you that confidence that you weren't on your own. And although you have friends and family they aren't in the know as the Red Cross are and aren't as efficient at picking the phone up in front of you and resolving things – it takes a weight off your mind. You could rely on them – when they say they'll be there, they are there. (Telephone interviewee)

'And just knowing they are there is half the battle. To people who are vulnerable they are a lifeline.' (Telephone interviewee)

'As long as I need them they are always there. If there's something wrong I can get advice over the phone or someone will call but regardless of how busy they are they still try and fit me in when they can.' (Telephone interviewee)

'They used to come once a week but they don't come so often now because I was trying to do things on my own, and not rely on him so much. But rather than withdraw, take away the crutch and I fall over, I have card with a number on it and I know I can call at any time.' (Telephone interviewee)

4.5 OVERALL

The following were offered by focus group participants in summarising their experience of the services provided by the BRC and the impact it had made upon their lives:

'The Red Cross go the extra mile – and what a mile it was' (Focus group participant)

'I can't say enough for what they have done for me' (Focus group participant)

'Things are so much better than they were before they got involved' (Focus group participant)

'They are worth their weight in gold – and gave me a sense of worth that I'd lost' (Focus group participant)

'I owe them my life because of my alcoholism' (Focus group participant)

'It was the best gift I could have been given' (Focus group participant)

'You were treated as a personal friend, not a patient' (Focus group participant)

'I couldn't have coped without their help' (Focus group participant)

Telephone interviewees added:

'It's good to have someone there that I can rely on' (Telephone interviewee)

'If you need them today, they'll be here today' (Telephone interviewee)

'They're reliable, trustworthy and regardless of things like the weather they are there for you' (Telephone interviewee)

'A great bunch of people' (Telephone interviewee)

'If anything happened again I wouldn't hesitate to ask them for help' (Telephone interviewee)

4.5.1 Suggested areas for improvement

Before moving to specific suggestions it should be noted that a number of respondents found it very difficult to identify any improvements to the BRC services in Carmarthenshire:

'I can't see how they can improve because they are doing everything that they can for me' (Telephone interviewee)

'I honestly found them 100% as far as empathy, reliability and knowledge and giving you the confidence as well. The people I had were A1. I can't visualise anything that they can do to improve' (Telephone interviewee)

'I can't think of any way that they could have improved the services' (Telephone interviewee)

'I don't know – I can't think of anything. Fair play, [BRC staff member] is very cool' (Telephone interviewee)

'I can't think of anything – I know they are understaffed at the moment and that's a pity for them. For what they are doing they should have as much help as they can' (Telephone interviewee)

However, and although the vast majority of beneficiaries were satisfied with the services offered by BRC, two participants pointed out areas where they felt the service delivery they had received could have been improved. One of the areas was with regard to *ad hoc* visits. In contrast to many beneficiaries who liked the BRC volunteer or staff member to call on them *ad hoc*, one respondent in particular would have liked more structured visits that were planned in advance and adhered to:

'There's no structure to the care – for example next week we'll come and see you on Wednesday or Friday, so I can plan my food shopping. If he was in attendance I'd have ad hoc call, for example at 11 on a Tuesday afternoon, and he'll say "I'm in the area I'll pop to see you in half an hour", or "I'm on my way home from the office and I'll pop in and see you in 20 minutes". After several meetings I got the impression that the meetings were nothing more than a performance indicator chart to say I've been to see this person and paid a visit […] There'd be no agenda to the meeting – it was just a case of 5 or 10 minutes, "Hi, how are you doing" and out of the door' (Telephone interviewee)

Communication difficulties were reported by another beneficiary, although this should be considered in the context that this was not perceived as a problem by beneficiaries in general: *'I sometimes found getting hold of Red Cross staff who were dealing with me difficult to do. I'd leave messages but they wouldn't call back and I was really struggling at the time' (Telephone interviewee)*.

Continuity of the quality of service provided was also criticised by one beneficiary. Services were considered good in the initial stages but the quality of service declined over time:

'The Red Cross provided a wonderful function initially but I found generally throughout when I had contact with them that they seem to be inconvenienced by me – I was disappointed and felt let down […] Initially the help was quite good but it never seemed to form to a specific pattern or agenda. I had a code of conduct from them but they didn't seem to stick to it too strictly […] There was a care plan – a menu of things – it was just a spreadsheet exercise. There were things mentioned on there but there was no reference to them consequently and no structure to achieving them. There were no objectives set in place to how we would achieve them' (Telephone interviewee)

Another beneficiary mentioned that they had difficulty relaxing because they felt that the BRC volunteer or staff member was restricted in the amount of time they were allocated to meet the beneficiaries' needs: *'I was on tenterhooks because I thought they were looking at the clock all the time. It would be good if they could have a bit more freedom with their time. If they were taking someone shopping or out for lunch it would be nice if they weren't up against the time' (Telephone interviewee)*.

However, on a more positive note, one criticism that was made almost universally concerned the fact that BRC should do much more to raise awareness of the services that they are able to offer in the community in order to maximise the potential benefit that could be delivered:

'Let more people know the types of services the Red Cross are able to offer – expand it and advertise more!' (Focus group participant)

'Raising awareness. Once you made the initial contact with the Red Cross the service is perfect – they go out of their way' (Telephone interviewee)

'When I was at hospital recently I advised other patients to get hold of the Red Cross because you couldn't do any better. I don't think it's known about enough. Some of the people in hospital have social workers but they don't seem to be informing them – particularly about the help they can get when they come out of hospital. When I was in last year there were leaflets that I passed around but lots of people don't bother looking at them. The social workers at the hospital should be encouraged to tell people about Red Cross more' (Telephone interviewee)

'I wasn't aware of the full range of services the Red Cross offered. I knew they had shops but not of the services they offer in the community' (Telephone interviewee)

'I wasn't aware of the full range of services Red Cross provided until I needed them. We could give them a few more pennies because I'm sure they deserve it' (Telephone interviewee)

5 · CONCLUSIONS

The picture which emerges from this study is one of a service which is highly valued by beneficiaries, commissioners and those involved in its provision. It is innovative, responsive, genuinely concerned to improve quality, fits well with and understands the strategic context in which it works. Most importantly, BRC has proved itself willing to work closely with commissioners to help them achieve their objectives, and the society has an enviable local reputation for delivering what it says it will, in a collegial manner. Its ability to part-fund initiatives from its own resources has certainly helped in this collaborative effort, as has the evident competence of its staff and volunteers.

5.1 UNEARTHING THE LEARNING

Given this positive evaluation, the researchers met with the three BRC senior managers – Jeff Collins (Director of the Red Cross in Wales), Susan Roberts (Senior Service Manager for South West Wales), and Mark Roberts (Operations Manager) – to discuss the findings and identify the key learning points from the data. Through the course of the discussion, and after ranging across the whole range of issues identified in the study, three principal learning points emerged as the most important to share within the society, given the need for those within the BRC to develop a range of 'care in the home' services in response to the new strategic direction. These three concerned building relationships with commissioners, bringing others on the journey, and effective 'programme working' with staff and volunteers.

5.1.1 Building relationships with commissioners

It is abundantly clear that building an understanding with local commissioners is central in so many ways to the success of the programme in Carmarthenshire. In discussion, three issues in particular emerged as relevant.

Firstly, the managers reported working very hard to foster not just a set of relationships, but trust within those relationships. Jeff commented that: '*We have worked really hard with the Welsh Assembly Government over eight years to foster really good relationships with them. It's really important that Ministers and officials now know that the headlines in the Western Mail [national Welsh daily newspaper] won't come from the Red Cross…they know we will work with people to try to find answers – we want to be part of the solution and most definitely not perceived as part of the problem'.* This does not mean that commissioners and policy makers are not challenged by this 'critical friendship' but this approach means that difficult discussions are held in private not in the press, and the relationship can survive the heat and light of turbulent political debate.

Secondly, ensuring that you are able to engage with commissioners by speaking their language and relating to their world is very important. Crucial to this is that when an opportunity arises to meet with commissioners, the correct person is selected to attend. Mark noted that:

> *'It is important to have the right person going to the right meetings, and speaking the right language. We ensure across Wales that we select the right person to go to that meeting someone who is well prepared and confident rather than someone who may be known locally but has very little experience in meeting with senior commissioners, doesn't speak their language and doesn't understand the problem'*

In relation to this, it is certainly true that the programme in Carmarthenshire has benefitted from the fact that Susan worked as a senior NHS manager prior to joining the BRC. However this fact, for her,

was not perhaps the advantage that those looking in from the outside might perceive it to be: *'Doing this job is totally different...I've had to learn a whole new set of skills which has been very different for me. I don't think that being on the other side as I was, has really been significant in helping that much but I can see that others might see it differently'*. In order to build those relationships, Jeff noted that the BRC has an edge on many other voluntary sector providers: *'they [the commissioners] know we bring consistency and conformity and structure pan-Wales. They know that if you open the Red Cross tin in Conwy is going to have the same contents as if you open it in Barry Island'*. This is something that commissioners value and something that the BRC should exploit to its advantage more frequently.

Thirdly, and perhaps most significantly, the managers felt that the fact that they have been prepared to take risks has been central in securing positive relationships with commissioners. Susan commented that:

> *'There's a point that I feel is really important which is about feeling comfortable in being a risk taker. We've done no end of pilots and we've led with our chin. You've got to feel safe in your environment and your own skin to actually go forward and do that. Especially at a time when the society is changing its strategy, people are not inclined to do that risk taking I think'.*

In addition, Mark noted that one of the key learning points about taking risks and being engaged in pilots is that things will not always work. In many ways he felt that this was one of the positive consequences of being expansive:

> *'In saying "yes, we are going to help the commissioners to find a solution by doing the pilot" we have to accept that it may not always work and we may get it wrong. But we know that there's learning there, and even if something goes wrong we build up trust with the commissioners because we're learning together'*

In terms of selecting the right opportunities, Jeff suggested that despite appearances, '*this is about more than an appetite to live on the risky side of life – it's about knowing this is a calculated and reasonable risk and there's a lot of hard work that goes into that making sure that this is a risk you want to take'*. In order to determine whether these are risks that should be taken, Susan suggested that these decisions are reached by *'just knowing your own environment, knowing your commissioners and having that relationship and honesty in conversation with them'*. The final element of risk taking, as Jeff noted, concerns that fact that BRC locally have on occasion been prepared to put up some of their own money alongside that of commissioners:

> *'The Red Cross have been able to be innovative with money. We have been able to be a little bit innovative in saying "we'll put a few thousand of this into that or that" so we are bringing money to the table. It's not "that's what we do, cheque please" which too frequently can be the approach of others'*

This approach, by definition, challenges assumptions about the nature of the relationship between the BRC and the statutory sector, to the benefit of the society. It creates an image of partners taking risks together for the benefit of others, and creating a relationship of equals.

5.1.2 Bringing others on the journey

Ensuring that the BRC is seen as building capacity within the voluntary sector has been important in achieving positive outcomes for the programme in Carmarthenshire. The corollary of this is the danger that the BRC are seen in more negative terms as an 'empire builder'. That said, the managers pointed to the fact that for many in the voluntary sector, a significant change in attitude is needed in order to become more professional and develop capacity – Jeff noted that:

'For a voluntary sector organisation working in these sorts of fields, it is my view that there is a "minimum critical mass". An example might be to start up a project on a fixed sum for three years [a grant] where all you have is a 10% management fee; you hire the staff and you become 100% reliant on that contract or grant. That represents your minimum critical mass. Come two and a half years into your three year grant there is a problem with no continuation funding on the horizon. This is classic voluntary sector organisation dilemma. We worked very hard in the early days to get ourselves above that "minimum critical mass". Hence if we were to lose say small contract in Torfaen, or if we lost a contract Gwynedd it would not mortally wound us; we have the volume and the capacity to operate above minimum critical mass. Also the BRC is unified UK wide where we have excellent relationships with our Territory and our colleagues in London; it is here that we have all the legal, insurance, communications, financial etc support that we need – we have that big organisation backing us up. Many others in the voluntary sector, even relatively big organisations, don't have any of that'.

There are, however, occasional problems in ensuring that other organisations are signed up to partnerships in the same way at the BRC are prepared to be, which can lead to difficulties. Jeff relayed another example wherein *'on one occasion I was really keen to get [an organisation] to come along with us; I really wanted that to be a partnership. I really tried so hard while they kept thinking of reasons of why they couldn't sign up to it. At the eleventh hour they pulled out using a relatively weak argument. In hindsight I was in too much of a hurry and probably seen as too "aggressive"!*

How far are these issues related to the behaviour of other organisations, and how far to the attitudes of BRC staff? The managers were open and candid about their role. In describing an attempt to develop working relationships with voluntary sector partners in North Wales which was ultimately unsuccessful, Jeff reflected that rather than drive things forward he: *'should have taken two years and been a lot more gentle and subtle – I was probably a bit too bullish but was motivated by getting the service in place'*, and that: *'there's got to be a willingness from everybody to participate – it's a long and slow deliberate journey, but it is an inevitable journey'*.

It is also important, in the view of the managers, that the BRC recognise the need to look beyond their current offer, and think much more carefully about the patient journey, because as Susan commented:

'that's where the partnership comes in and that's where we need to be – not thinking about what we offer but actually looking at that journey and building up the partnerships to be able to help people through it. I don't think we necessarily think that way, but to my mind that's part of the change of the thinking the society needs, because what we are often tempted to do is to mirror the language of the health service and the clinicians and when we're talking their language actually it can restrict our offer. On occasions we are almost blinkered into delivering what they want, whereas if we look at that person in the community and how we can support them and work with others to give them support then I think we'd be providing different things…we've got to find a language and a way of communicating differently, and demonstrate to others that we always are focused on helping that next vulnerable person because that is our complete and utter focus.'

Clearly though, none of this will happen quickly, neither with partners nor within the society.

5.1.3 Programme working with staff and volunteers

The third major theme that emerged concerned the degree to which staff and volunteers had effectively made the transition from traditional services models to a 'programme working' ethos in Carmarthenshire. Mark recalled that at the outset of the new way of working:

'There had been a lot of tensions around, questions were being asked, "Mark, do your team actually know what programme working is?", "Do your staff actually fully understand what you are trying to do?" and reading feedback from service users on that and from the staff focus group [that was held as part of this study] the answer is 'yes'. They might not precisely know what it is, or might not think they know what it is, but they do get it. The very strong element that came through the evaluation data was that service users were feeding back that actually our staff were talking to them, and more importantly listening to them. That was a 'penny drop' moment for me in terms of yes, they've got it!'

This development has been relatively recent – Susan noted that '*getting other people to understand programme working has been one of the things which has changed over this year*', which has been difficult to achieve given that within the BRC '*people are not in communication with their colleagues who perhaps have something that they can offer to that client. There are some issues there with how you skill up and provide information to all those people to make sure they can see the big picture, and see how you can more holistically look after the client*'. In terms of making this cultural change, Mark and Susan reflected that:

Mark: *'It's been easier here because we have everybody under one roof. If you go to some other areas there might be a service delivery point 30 miles away. They don't communicate, and it's just about trying to bring those elements together'*

Susan: *'It's about team meetings, multi-disciplinary team meetings and having a shared agenda which is about the vulnerable people in crisis in the community and making the link with them'*

Mark: *'However the teams are not becoming generic super workers…in the early days we did wonder about a vision these people who would be bringing the teams together, so that everyone up-skills and goes in different areas. But we realised that even though they work across a programme you have got two complete different strands of people – a tenancy support team who would say "I'm not undertaking personal care" and on the other side you have people who were happy to do personal care but they couldn't go into that person's house and ask about how much income they have and if they had debt. You can't make people jump from one to the other, but you can work hard to ensure they have common processes, that they know each other, they know how different people work, and they all know how to recognise someone in need and respond'*

Susan: *'We've had crossover where staff members have covered other service that they have the skills to do which is also really good'.*

Running alongside this cultural change, has been an enhanced role for volunteers in Carmarthenshire. In no small part this has been a product of more proactive management – Mark commented that:

'We took a risk and recruited a post for Carmarthenshire which is a sort of Community Engagement Officer which also about promoting and using volunteers and bringing them through the system. We are much smarter at bringing volunteers in now – we've got partnerships with the local college, we've engaged with initiatives like the Future Job Fund and I think we've got an understanding of what our offer to volunteers is, which is very important to us. The volunteers are being valued – it's always been our view that we need to identify what we can do for them, and this has just become second nature. The management team and staff are more comfortable with environment and volunteers and programme working. We have identified some areas in the programme where we can improve actual service delivery by being smarter in terms of deploying and using volunteers which is finding efficiencies throughout'

In terms of learning from the experience in Carmarthenshire, Jeff, Susan and Mark all agreed that volunteers represented the 'added value' for commissioners that they were unlikely to find from many other agencies. Ensuring that the volunteers' role is clearly defined and that they are included in any tendering exercise as a fully integrated part of the service delivery model is critical to maintaining effective relationships across the programme.

5.2 BUILDING ON THE FINDINGS

5.2.1 What are the critical success factors?

Accepting all of the learning points above, the managers were asked about what they considered to be the critical success factors in Carmarthenshire that would allow other to replicate what has been achieved. Reported here in no particular order, six criteria were identified:

- Having an expansion outlook, and not being content to sit still – always seeking out and shaping new opportunities;
- Being prepared to go out on a limb sometimes a calculated risk in order to secure new contracts and work;
- Developing and maintaining good relationships with all relevant stakeholder and partners locally;
- Utilising the national resources that the BRC benefits from – whether technical expertise of all sorts, as well as financial resources that can be deployed;
- Effectively undertaking change management with staff and volunteers to shift their mindset away from silos and towards programme working; and
- Deploying considerable 'nous', whether in gathering intelligence about local issues of concern or being streetwise about what others thinking and doing.

Whilst these factors are in no way 'scientifically' derived, they are validated by the evidence collected from a range of different viewpoints throughout the study. Jeff remarked that the factors above can in part, or in whole, be attributed to the quality of management locally: *'There is no two ways about it, but I am blessed. I know what good management and leadership looks like…and to be honest with you there are many in the statutory sector who would dearly love the quality of the management team that I enjoy!'*

5.2.2 What are the implications for BRC's strategic direction?

The current BRC Strategy *Saving Lives, Changing Lives – 2010-2015* notes that: *'Following consideration of the research into need, vulnerability and NHS market opportunity, we now intend over the next five years increasingly to focus our development activity on growing our existing home from hospital/care in the home programme, whilst broadening it to include a rapid response element designed to reduce unnecessary hospital admissions'*. As such, key to the way that the society wishes to expand its 'care in the home' offer are the kinds of services in place in Carmarthenshire and how long it has taken for these to be developed. In terms of the processes required to make these changes, Susan noted that none of this has happened quickly in Carmarthenshire, nor is it likely to do so elsewhere within the BRC:

> *'I don't think there are any short cuts to it. It is a culture change, and a mindset change for your team, for the people that come into your organisation. We've always set up ourselves as working to the best external standards that are available which was just a passion for doing things the right*

way. You are talking about two or three years to even start it, five years before that language is embedded in the organisation and another ten years before it's truly the way you work. It's a slow journey. Others are going to be under huge pressure'

However, what the experience in Carmarthenshire provides is a potential road-map for the society, and the reflections contained in this report offer solutions to any number of the problems that others may encounter. Therefore if used effectively the messages herein could foreshorten the period of transition for others. Crucial in any changes that need to be made is maintaining a focus on the beneficiary. What will help tremendously is the inherent characteristics of the BRC, its volunteers, staff and managers – as Jeff commented: '*we are a crisis response organisation – we do stuff!'*

The capacity of the statutory sector to realise its vision for the third sector in Carmarthenshire remains somewhat uncertain. There is a strong local commitment to a clear vision of partnership working, but the financial and other constraints under which organisations will be working for the next three years will be considerable. That said, the BRC is a highly credible and congenial partner for the statutory sector in Carmarthenshire, and can demonstrate benefit to beneficiaries. As evidence of this is the fact that all of the posts and services funded via the Tesco monies have been fully commissioned and that in addition the BRC locally have been successful with a two-year pilot contract to provide tenancy support to the visually impaired across the county with an option to extend for a further year. If it continues to innovate and respond to changing needs as it has done to date, the key obstacles to the BRC's further growth lie mainly in the capacity of the statutory sector to manage its own constraints effectively.

APPENDIX I · List of commissioner, partner and other stakeholder respondents

The following individuals were all interviewed as part of the study:

Hywel Dda Local Health Board

Sarah Veck (Director of Strategic Partnerships)

Linda Williams (County Director for Carmarthenshire)

Peter Llewellyn (Head of Strategic Partnerships)

Julie James (Third Sector Board Member)

Carmarthenshire County Council

Robin Staines (Head of Housing)

Jonathan Morgan (Housing Locality Manager)

Ruth Evans (Supporting People)

Anna Yeatman (Supporting People)

Carmarthenshire Association of Voluntary Services

Mandy Jones (Executive Director)

Debbie Bence (Health and Social Care Facilitator)

Marie Curie Cancer Care

Andrew Wilson (Area Manager, Marie Curie Nursing Services, Wales)

British Red Cross (UK Head Office)

Mike Adamson (Managing Director)

Liz Urben (Head of Health and Social Care)

Chris Hopkins (UK Service Advisor)

APPENDIX II · Discussion schedule – beneficiaries

Facilitated by Dr Mark Llewellyn (MLl) and Marina Roberts (MR).

Time	Time allocated	Activity
1.00pm	30 minutes	*Your story – snapshots of life prior to engagement with BRC* Tell me about your life before you were involved with BRC How did you find out about/become involved with BRC? [To be led (MLl) and graphically facilitated (MR) in plenary – record]
1.30pm	30 minutes	*Understanding the difference that BRC makes* Assumption that people will be able to isolate the role that BRC play from other agencies/individuals that support them in their home – needs to be clarified. In small groups (3-4 people, across different arms of the programme) beneficiaries to focus specifically on three key questions: *What do BRC do for you?* *What difference does it make to your life?* *What do you value most about the service?* Looking for practical and specific examples of the difference made. Prompts for the discussion might include issues of trust, competence, resilience, and whether there is any difference in using staff or volunteers, and what that might be. [To be self-facilitated within groups with MLl and MR circulating]
2.00pm	30 minutes	Informal plenary feedback on the small group discussions – focusing on one question at a time. Looking to identify similarities and differences across the programme, from different perspectives. [To be led (MLl) and graphically facilitated (MR) in plenary – record]
2.30pm	Up to 30 minutes	Plenary session drawing together the elements discussed above and thinking about programme development. Asking beneficiaries about how the service they receive might be improved, by asking one key question: *What hopes do you have for the future work of BRC in Carmarthenshire?* [To be led (MLl) and graphically facilitated (MR) in plenary – record]
	120 minutes	

APPENDIX III · Discussion schedule – staff and volunteers

Facilitated by Dr Mark Llewellyn (MLl) and Marina Roberts (MR).

Time	Time allocated	Activity
9.30am 12.30pm 3.00pm	30 minutes	*Your story – your relationship with BRC* Which part of the programme do you work in? What motivated you to work/volunteer for BRC? What motivates you to stay? [To be led (MLl) and graphically facilitated (MR) in plenary – record]
10.00am 1.00pm 3.30pm	30 minutes	*Understanding the difference that BRC makes* In small groups (3-4 people, across different arms of the programme) staff/volunteers to focus specifically on three key questions: *What do you do for beneficiaries (people and their family/carers)?* *What difference does it make to their lives?* *What do you value most about the service you provide?* Looking for practical and specific examples of the difference made – stories of when the organisation is most effective. Prompts for the discussion might include issues of trust, competence, resilience, and whether there is any difference in using staff or volunteers, and what that might be. [To be self-facilitated within groups with MLl and MR circulating]
10.30am 1.30pm 4.00pm	30 minutes	Informal plenary feedback on the small group discussions – focusing on one question at a time. Looking to identify similarities and differences across the programme, from different perspectives. [To be led (MLl) and graphically facilitated (MR) in plenary – record]
11.00am 2.00pm 4.30pm	Up to 30 minutes	Plenary session drawing together the elements discussed above and thinking about programme development. Asking staff/volunteers about how the service they provide might be improved, by asking two key questions: *When does BRC have the greatest impact for those it serves?* *How do we make these occasions the rule rather than the exception?* [To be led (MLl) and graphically facilitated (MR) in plenary – record]
	120 minutes	

APPENDIX IV · Telephone interview with beneficiaries – indicative schedule

This sheet is for people who have kindly volunteered to give their views on the British Red Cross Supporting Independence in the Home evaluation. It tells you briefly what will happen during the interview and the sort of things you'll be invited to talk about.

Your interview – what will happen

The interviewer will tell you what's involved – it's all pretty straightforward. The questions you can read below will give you a guide to what you'll be asked to talk about.

Permissions

We need your permission to record the interview. We guarantee that whatever you say will not be traced to you personally. Before the interview, the interviewer will read something out about permissions. You will be asked to give your agreement.

The Interview

After you've given your agreement, the interview will start. It's really a conversation - with you having most of the say. The interviewer will introduce these main points by asking:

Your story – snapshots of life prior to engagement with British Red Cross

- Tell me about your life before you were involved with British Red Cross?
- How did you find out about/become involved with British Red Cross?

Understanding the difference that British Red Cross makes

- What do British Red Cross do for you?
- What difference does it make to your life?
- What do you value most about the service?

Looking to the future

- What hopes do you have for the future work of British Red Cross in Carmarthenshire?


BRITISH RED CROSS - CARMARTHEN - YOUR VIEWS - SESSION 1
YOUR STORY - YOUR RELATIONSHIP WITH BRC
ADMINISTRATION
VOLUNTEER VISITS
VOLUNTEER SUPPORT
HELP IN HOME
TASKS APPROPRIATE TO EXPERIENCE... BUT MAY HAVE TO LEARN QUICKLY IF FACED WITH CHALLENGING SITUATIONS
BEING THERE FOR A CHAT... SOMETIMES EASIER THAN TALKING TO FAMILY THEY TRUST US.
PROUD TO HELP
GAIN EXPERIENCE
CHALLENGE OF ACUTE
RESPONSE STREAM
DONATIONS AND THANK YOUS ARE COMMON PLACE
THE JOB IS REWARDING!
• different every day
• making people comfortable end of life
• making people independent
COMMUNICATION IS IMPORTANT IN ORDER TO OFFER BEST SERVICE
TREATING EACH PERSON AS AN INDIVIDUAL - ALL DIFFERENT
PROMOTE BRC
PEOPLE NOT SURE WHAT BRC DO
BRC IS AN ORGANISATION PEOPLE TRUST...
CAN BE AVAILABLE ON THE END OF THE PHONE AND REFER TO OTHER SERVICES IF NECESSARY...
☆ SUPPORT
☆ ADVICE
☆ SIGNPOSTING
☆ ASSESSMENT... getting people to tell you their needs
☆ EMOTIONAL SUPPORT being a sounding board
☆ ARRANGE ASSISTIVE EQUIPMENT going the extra mile ...quick response
DISTRICT NURSE CONTROLS THE PACKAGE OF CARE
CARE
BRC CAN LIAISE TO CHANGE
WORKING ALONGSIDE OTHER AGENCIES...
... FAMILIES RECOGNISE BRC GO THE EXTRA MILE
THE FAMILY CAN BE INVOLVED
CHOICES RESPECTED AND SUPPORTED
Merid.....
providing info to offer choice
IMPORTANT TO BE PROFESSIONAL
MAINTAIN THE BOUNDARIES
WHAT NEXT!!
WHEN ARE WE AT OUR BEST?
WOULD LIKE TO WORK MORE WITH OTHER ORGS
STAFF WOULD LIKE TO SHOW VOLUNTEERS THEIR GRATITUDE MORE... ...AN EXTRA THANK YOU
VOLUNTEERS SOMETIMES GIVEN JOB STAFF DON'T WANT... NEEDS MORE STRUCTURE...
REGULAR SUPERVISION FOR VOLUNTEERS... ... KEEP THEM!!
VOLUNTEERS BEING VOCAL ABOUT TRAINING THEY'D LIKE TO HAVE
REWARDS
CHANGING LIVES
WORKING WITH THE PUBLIC
RECOGNISE THE VOLUNTEERS
SEEING CLIENTS' LIVES IMPROVE
VOLUNTEERS APPRECIATE EXPERIENCE... ENJOY BEING PART OF THE TEAM!!
MAINTAINING PEOPLE IN THE HOME WITH THEIR FAMILIES
OFFERING FLEXIBILITY ... MORE SO THAN OTHER ORGS ...
FRUSTRATING
TIME DELAY GETTING PERMISSION TO SHOUT ABOUT OUR HARD WORK!!
OTHER ORGS IN THE PUBLIC EYE MORE... ... WOULD LIKE TO FUNDRAISE MORE IN THE COMMUNITY — BRC TEAM CAN PREVENT IT
PROMOTE THROUGH PRESENTATIONS WITH NHS STAFF... AND IN THE COMMUNITY... SCHOOLS TOO!!
RIPPLE EFFECT


BRITISH RED CROSS - CARMARTHEN - YOUR VIEWS SESSION 2
WE ALL BRING ..... DIFFERENT SKILLS ..... AND EXPERIENCE TO THE BRC TEAM
YOUR STORY - YOUR RELATIONSHIP WITH BRC
TENANCY SUPPORT SUPPORTING PEOPLE TO LIVE INDEPENDENTLY
VOLUNTEERING
REWARDING
RECOGNISING SITUATIONS OF VULNERABLE PEOPLE E.G. INAPPROPRIATE DISCHARGE
OFFER COMPANIONSHIP
MEETING NEW PEOPLE
PROVIDING INFO
SIGNPOSTING TO OTHER SERVICES
AVOIDS SOCIAL ISOLATION
PEOPLE TRUST THE BADGE
A LOT OF THE TRAINING IS LEARNED THROUGH EXPERIENCE
WHY RED CROSS?
• CARING PERSONALITY - ENJOY THE WORK
• KNEW OF BRC
• NURSING BACKGROUND
• DIDN'T KNOW OF RANGE OF WORK UNTIL JOB ADVERT SEEN - DISCOVERED BROADER RANGE OF SERVICES
• BACKGROUND IN DOM CARE
• ENJOY HANDS ON WORK
• CONTINUING CARE INTERESTING & REWARDING
• ENABLING PEOPLE TO END LIFE AS THEY WANT TO
• QUALITY OF CARE
• APPRECIATION OF FAMILIES
• RELIEF FOR CARERS - EASING THE BURDEN
• PROVIDE EMOTIONAL SUPPORT
• DIFFERENT EVERY DAY
• PROUD OF JOB YOU DO!!
PEOPLE DON'T ALWAYS KNOW WHAT RED CROSS DO.....
◊ ASSOCIATED WITH FIRST AID INTERNATIONAL WORK - DISASTERS
◊ PEOPLE KNOW MORE THAN THEY USED TO – HOME FROM HOSPITAL
◊ NOT ALL PROFESSIONALS KNOW RANGE OF SERVICES TO SIGNPOST SERVICE USERS
◊ PUBLIC INTERESTED TO KNOW WHAT YOU DO
◊ RESPECT THE BADGE AND BRC'S REPUTATION
– NO ROAD RAGE!!
WHAT DO BRC DO FOR BENEFICIARIES....
INCOME MAXIMISATION
TRACKING & TRACING
EMOTIONAL SUPPORT
PROMOTING INDEPENDENCE H&H - within limits
ENCOURAGE - positive surroundings
NOT JUDGEMENTAL
IMPARTIAL FOR CLIENT & THEIR FAMILIES — JUST LISTENING
SERVICE ALLOWS CLIENTS TO COME HOME FROM HOSP UNTIL THEY SUPPORT THEMSELVES
PERSONAL CARE
REASSURE - PROVIDE COMFORT - even after care has gone
GIVE PEOPLE ENOUGH TIME & CONFIDENCE TO COPE ALONE AT HOME
NOT TOO INTRUSIVE - THEY DON'T HAVE TO HAVE THE SERVICE
BRIGHTEN UP SOMEONES DAY
QUALITY OF SERVICE IS GOOD
BEING ABLE TO RECOGNISE CHOICE - when it has been taken away
EACH ASSESSMENT WILL BE DIFFERENT — CLIENTS DIFFER
PERSONAL SKILL - NOT PROVIDED THROUGH TRAINING
STAFF BLEND IS GOOD - HELP EACH OTHER
SOMETIMES MATTERS OF CONCERN HAVE TO BE PASSED ON
CLIENT SOMEONE DON'T HAVE FAMILY MEMBER TO PROVIDE PERSONAL CARE
DON'T A HOME CARE AWAY
RESPECT PEOPLE'S WISHES
PRIORITISING CLIENTS
⇨ SOMETIMES DIFFICULT
EMPHASISE '6' WEEK
⇨ SOME LESS, SOME MORE! HPH
KNOWLEDGE EXCHANGE - KNOWING EACH OTHERS SERVICE AVAILABILITY
USING ASSESSMENT TOOLS TO RECOGNISE NEED
CAPACITY ISSUES CAN PUT SQUEEZE ON OTHER SERVICES
— VOLUNTEERS IMPORTANT TO PROVIDE NON-PERSONAL CARE
— PERHAPS MORE VOLUNTEERS WOULD SURFACE IF THEY KNEW HERE
— VOLUNTEERS CAN BE DIFFICULT TO FIND - HOW?
— CAN BE USED AS A STEPPING STONE BACK TO EMPLOYMENT
ENCOURAGED TO PROMOTE AND RECRUIT VOLUNTEERS!
NEXT STEPS!!
AWARENESS - BUT THEN YOU CREATE CAPACITY ISSUES IN LONG TERM
WORKING IN PAIRS IS POSITIVE - PREVENTS ISOLATION
TEAM BUILDING - WORK BETWEEN TEAMS IS GOOD - RESPECT
DISTANCE IN RURAL AREAS CAN PUT STAFF UNDER PRESSURE FOR TIME
COMMUNICATION COULD BE BETTER!!
STAFF WANT TO KNOW THEIR VIEWS AND ISSUES ARE LISTENED TO!!!
.... Small problems but could make a big difference!!
7.9.10


BRITISH RED CROSS - CARMARTHEN - YOUR VIEWS - SESSION 3.....
YOUR STORY - YOUR RELATIONSHIP WITH BRC
CARE IN THE HOME
FINANCIAL SUPPORT
SUPPORTED ACCOMMODATION
HOSPITAL
WHY RED CROSS?
★LIKE THE PRINCIPLES
★HELPING VULNERABLE PEOPLE WITHOUT JUDGEMENT
— CLIENTS TRUST THE BADGE
★SOMETIMES GET IN WHERE OTHER SERVICES CAN'T
★LINKAGES BETWEEN SERVICES / TEAMS
★VERY REWARDING
★GETS UNDER YOUR SKIN
— IN A GOOD WAY - LIKE FAMILY
★ATTRACTS CARING PERSONALITIES - GOOD COLLEAGUES
★HELPING PEOPLE - LISTENING - THEY ARE GRATEFUL
PEOPLE DON'T ALWAYS KNOW WHAT RED CROSS DO.. PROFESSIONAL & PUBLIC
REWARDS
◇NEW CHALLENGES - 'CAN DO' ACROSS ORG.
◇WILL DO THINGS OTHER ORGS CAN'T. DIFFERENT BOUNDARIES
◇ABLE TO WORK QUICKLY TO MEET NEED
◇COLLEAGUES SUPPORT EACH OTHER
WHAT DO YOU DO FOR BENEFICIARIES?
◦ADVOCATE
◦SUPPORT APPLYING FOR BENEFIT - HELP ACCESS - SIGNPOSTING - MEETING APPOINTMENTS
— OFFERING ADVICE
◦PROVIDE SUPPORT... ...WITH THEM NOT FOR THEM
◦ASSESSMENT
◦PERSONAL CARE
— SOMETIMES END OF LIFE
◦SUPPORT FAMILY
— REASSURE
◦SUPPORT PEOPLE IN CRISIS WITH NO AGENDA
◦TIME - LISTENING
— CONTINUING CARE FLEXIBLE WITHIN A STRUCTURE
◦RESPECT CLIENT
BRC SUPPORT STAFF - good training
CLIENTS TRUST THE BADGE
HOW OFTEN DO YOU DELIVER BEST SERVICE YOU CAN.... (A) FREQUENTLY
WHAT DIFFERENCE DOES IT MAKE TO THEM?
◦REASSURANCE
◦CONFIDENCE
◦GRATITUDE FROM SERVICE USERS
◦PEACE OF MIND
◦INCOME MAXIMISATION HAS POSITIVE BENEFITS
◦BRC NOT JUDGEMENTAL ∴ CLIENTS TRUST
◦MAINTAIN CLIENT DIGNITY
— Communicate with client and family
◦HELP CLIENTS TO LIVE AS NORMAL A LIFE AS POSSIBLE
◦SERVICE HAS KNOCK ON EFFECT THAT IMPROVES CLIENTS' LIVES... IT'S MEASURABLE TOO!
◦REACH PEOPLE WHO OFTEN SLIP THROUGH THE NET OF OTHER ORGS
◦ALL LEVELS OF SUPPORT - BROAD SERVICES
HANDOVER TO OTHER AGENCIES IF NEEDED.... BUT ONLY A PHONE CALL AWAY IF IN CRISIS....
WHAT DO YOU VALUE?
➡SENSE OF ACHIEVEMENT
➡PRIDE
➡MAKING A DIFFERENCE
➡HAVING THE ABILITY TO RESPOND QUICKLY
— IMPORTANT FOR EOL CARE
➡QUALITY OF SERVICE IMPORTANT
DO ALL STAFF KNOW WHAT BRC DO ACROSS ALL AREAS?
WHAT ARE THE BARRIERS?
OTHER ORGANISATIONS E.G. GPs BUT MAYBE BECAUSE WE AREN'T KNOWN!!
BETTER AT SIGNPOSTING
OTHER ORGANISATIONS - EDUCATE THEM SO THEY KNOW BRC SERVICES AVAILABLE - REFERRAL
WE NEED MORE VOLUNTEERS!!
PUBLICISE MORE
COMMUNICATION BETWEEN ORGS COULD BE BETTER
IN HOUSE COMMUNICATION COULD BE BETTER
BETTER AT QUALITY ASSURANCE
IMPORTANT TO HAVE A SENSE OF HUMOUR
SUPPORT ONE ANOTHER
KNOWLEDGE - KNOWING WHAT TO DO IN A GIVEN SITUATION
TRAINING
PERSONAL DRIVE
PUTTING YOURSELF IN THE POSITION OF THE CLIENT
USING VOLUNTEERS FOR LOWER LEVEL SUPPORT
FLEXIBILITY
OPEN DOOR SYSTEM - LIAISING WITH OTHER ORGS
STAFF DEDICATION
WE ALL BRING DIFFERENT SKILLS & EXPERIENCE TO THE BRC TEAM


COMFORTING TO KNOW THAT BRC ARE ONLY A PHONE CALL AWAY IF YOU NEED THEM!
BRITISH RED CROSS · CARMS.
YOUR VIEWS
BRC STAFF GO THE EXTRA MILE!!
YOUR STORIES.... SNAPSHOTS
HELP IN THE HOME
STAIRLIFT
RAILS
DOORBELL
RAMPING THE HOME
ARRANGING ASSISTIVE TECHNOLOGIES
SHOWERS
SIGNPOSTING AND CONTACTING SUPPORT SERVICES. E.G. SOCIAL SERVICES
HELP SUPPORT
HOSPITAL DISCHARGE
SHOPPING
CLEANING
SIGNPOSTING TO SUPPORT SERVICES FOR PROBLEMS SUCH AS ALCOHOL ADDICTION
BRITISH RED CROSS CONTACTED ME TO ASK HOW THEY COULD HELP
SIMPLE THINGS... PUTTING ON A STOCKING... TAKING TIME TO TALK
ON THE END OF THE PHONE FOR SUPPORT AND ADVICE.....
PAY CENTRE
HELP GETTING OUT.....
HELP SUCH AS WASHING, GETTING UP ETC.
BRC GO THE EXTRA MILE!
SEE THE PEOPLE THEY SUPPORT AS INDIVIDUALS.
LET PEOPLE KNOW ABOUT WHAT BRC CAN PROVIDE!!
WORTH THEIR WEIGHT IN GOLD
WHAT DO BRC DO FOR YOU?
SUPPORT
CARING
PERSONAL CARE NEEDS
WASHING HAIR + STYLING.....
.....MADE ME FEEL BETTER
AND WASHING HAND.....
ANYTHING YOU ASK FOR NO COST
PEACE OF MIND FOR CARERS
WORTH THEIR WEIGHT IN GOLD
ARRANGING ADAPTIONS IN HOME
BEFORE HOSPITAL DISCHARGE
FILLED IN PAPERWORK
PHONE TO CHECK I'M OK
HELP OCCUPY MY TIME....
....GOING TO THE GYM
....THE DAY CENTRE
SIGNPOSTING
WHAT DIFFERENCE DOES IT MAKE TO YOUR LIFE?
HELP TO SOCIALISE
LINKING TO THE COMMUNITY
GIVES YOU A SENSE OF WORTH.... MORE SO THAN HOSPITAL
NHS ARRANGED ADAPTION AND REFERRED TO BRC... NICE TO KNOW THEY ARE THERE....
KNOWING THERE IS HELP A PHONE CALL AWAY
RELIEF FOR CARERS.....
.... FREEDOM... RELIABLE, CONSISTANT
HELPED ME TO DRIVE WHEN I LACKED CONFIDENCE
MAINTAIN INDEPENDENCE
WHAT DO YOU VALUE MOST ABOUT BRC?
CARE
HELP ME BE INDEPENDENT
CHOICE
PUNCTUAL, RELIABLE, PROFESSIONAL
SUPPORT
CONSIDERATE
GIVE YOU TIME
SECURITY
FRIENDSHIPS
PATIENCE - LISTEN
ONE TO ONE
ON THE END OF THE PHONE....
SUPPORT
BRC GIVE US THEIR TIME
- TREAT ME AS A PERSON NOT JUST A NUMBER
- LISTEN TO ME
- ASKED ME WHAT I NEED
ONE THING TO CHANGE.....
EXTEND IT
AND ADVERTISE MORE!!!
Marva Robert 6-9-10

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